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1	March 1	ريد

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00485

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Cily or terret. (If cutside city or town limits, write RURAL and give nearest town)	State MARY MA County CARROll
How long in above place of death? Moultand lo days.	City of Sun. 1/19. R.P. 15 211/12
How long in above place of death? Morethe 16 days. Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Streel No. R.D. Mt. Airy, Md
FREACHICK City Mospilal	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME Mrs Mary adam	3. (b) Social Security Number
4. Sex 5. Color or race 6,(G) Single; married, widowed, or divorced	MEDICAL CERTIFICATION
Female White MARRIED	20. DATE OF DEATH. 19. 45 -1 10:10 h
6.(b) Name of husband or wife Eugene A. Adams	21. I CERTIFY that death occurred on the date above stated; that 1 atjepted deceased from
O'CA BENE OF HERMANN ALL MILETING CONTROL OF THE PROPERTY OF T	
7. Birth date of deceased (mo., day, yr.) A DRII - 15, 1884	and Ihal I last saw h
	Immediate cause of death
1 2 2	
60 8 21nio.	Sout Corney Thousance I day
9. Birtholace CARROLL Co. MARYLAND	
9. Birthplace (Town, county, and state)	Due 10.
Nausautea	
10. Usuat occupation.	Due to Carteria derice
11. Industry or business	- X
12. Name. FRANZ Hooper. 13. Birthplace MARY IANd.	The state of the s
E II. Name	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name KATHORINE KRONIN 15. Birthplace MARYIANA.	
DO - 0 /	Major findings of operations. MAS
El 15. Birthplace ///ARY/ANd.	
16, Informant Mr. E. H. Adams	Antopsy results. That
This find	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bariai, eremetion, or removed. Which?) Bale lhereof. (month) (day) (year)	
	Accident, suicide, or homicide
Cometery of commentary TAY/0/PSV1/12	Where did injury occur?
Location TAylorsville CARROLLES. Md.	Injured al home, farm, industry, public place (where?)
Location Magnetic Action Control Contr	
18. Funeral director. 6. M. Waldz	Means of Injury Injured af work?
1,1,1,2,1,0	a a a a k
Address Why reta Mid	22 SIGNATURE (1. Mester Veggs III P.
8 Lan Planto to by the on	M. D. or other
(Date recid by registrar)	Address Tuderick Md Date signed
Vedicinal Vedicinal	Address Signed

RECEIVED

FEB 5 1945

BUREAU V.S.

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

00486

eg. Dist. No. 13/

1. PLACE OF DE	TH: ederick	3_3		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If ontside city or town limits, write RURAL and give nearest town)				State Maryland County Frederick	
(If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 Hours			tural and give nearest town)	On or town Point of Rocks (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or	street address where	death occurred	i:		
	************************	*******************		(If rural, give LOCATION)	
Now long in hospital or	Institution?			2.(a) If veteran, name war. NONE	
3. (a) FULL NAME					
	BY BOY	A DCOCK		3. (b) Social Security Number	
4. Sex	5. Color or race		e, married, widewed, or divorced		
Male	Mihito	S		MEDICAL CERTIFICATION	
Male	MILLO		rugre	20. DATE OF DEATH January 21, 19 45 at 8: F- M	
R.(b) Name of husband	or wife	None	***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
			e) It alive, give agevears	Jan. 2/ 18.45 to Gran, 2/ 19.45	
7. Birth date of				and that I last saw h. 3.10. alive on January 25	
deceased (mo., day, y		ary 21		Immediate cause of death	
8. AGE: Years	Months	Days	It less than one day	fre Maturity Exhaustron Show	
0	0	0	5hrs. min.		
9. BirthplacePC	oint of (Town,	Rocks,	Maryland tate)	Due to	
10. Usual occupation	At Ho	me			
11. Industry or business	n 4- TT -			Oue to	
				Other conditions	
	rederic	K UO.	Maryland	(Include pregnancy within 8 months of deeth)	
본 14. Malden name	Lorrain	e pone	e e z	Major findings of operations.	
14. Maiden name 15. Birthplace	Frederi	ck Co.	Maryland	major nadings of operations. Bate of op.	
N	Irs. Mar	vin Ad	cock		
TO: III.OIIII airt		***************************************	***************************************	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address	OTHE OF	ROCKS	, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
n Buri	al	Oate there	Jan. 22,1945	Accident, suicide, or homicide	
17. Burial Oate thereof Jan 22,1945 (Burial, cramation, or removal, Which?) Cemetery or exemetary St. Paul's Cemetery					
				Where did injury occur?	
Location	oint of	Rocks	, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director				Means of Injury Injured at work?	
Address	Frederi	ck, Mar	yland	22 SIGNATURE IN BOLLANDINTE	
19. 21 Cu	1914 5	દી	salutte y. Heck.	23. SIGNATURE M. D. control M. D. control M. D. control Address Loyaltswill A Bale signed 1/22/45	

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RECEIVED
FEB 5 1945
BUREAU V.S.

2411 N. Charles St., Baltimore (3-2)

00487

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEA		ale		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Frederick State Sanatorium Maryland			state Maryland county Wicomico		
City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town)					
		March 30, 191	+4	City or town. Salisbury. (If outside city or town limits, write RURAL and give neares	
Hospital, Institution, or Maryland		losis Sanatorii	1 m	Street No. Route #1	
		e March 30, 19		(If rural, give LOCATION)	J
3. (a) FULL NAME			/ April	2.(a) If veteran, name war	
		A 31-3		3. (b) Social Security Nu	mber
4. Sex	garet L.	AUKLIIS 6.(a)Single, married, widowed, or dive	necod !		
Female	White	Married	or ocu	MEDICAL CERTIFICATION	
Tomato	WILL GO	Mottred		20. DATE OF DEATH January 4 19.45 , at	1:50 P
6.(b) Name of husband	For Roy	r. Adkins		21.1 CERTIFY that death occurred on the date above stated; that I ettended deceased	
				March 30 1944 to Jan 4	
7. Birth date of	More 1'	7, 1920	J cai ə	and that I last saw heralive oo Jan.ua.ry	19.4.5
deceased (mo., day, y	Months	Days If less than one day		Immediate cause of death	DURATION
24	7	18	mln.	Pulmonary Tuberculosis	3 Yrs.
a Richniaca P:	rincess A	nne, Maryland		Due to.	***************************************
10. Usual occupation	Hous ew:	ife		Due to	
11. Industry or business					
質 12. Name	David Dry	rden Maryland		Dther conditions	
13. Birthplace	Pocomoke,	Maryland			
Malden name	Wattie Po	well	d libry	(Include pregnancy within 3 months of death)	
E T. Maldell Ball.	Pagamalsa	well Maryland	••••••	Msjor fludings of operations	
≥ 15. Birthplace _	Pocomoke,	Waryland		Date of op	
16. Informant	Jeceased			Autopsy results	
Address					ieuceny.
	und	Date thereof Millow	2	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation,	or removal. Which?)	(month) (day)	(year)	Accident, suicide, or homicide	
Cemetery or cremator	Muli	ш)		Where did injury occur?	state)
Location		A)	************	Injured at home, farm, Industry, public place (where?)	
16. Funeral director	MK (Ruge Sow		Means of Injury Injured at work?	
	1	will home the	en	0/h//	
Address	themm	1000		23. SIGNATURE D. M. D. NEX	***************************************
19. /4/	X 19	1 Miss		M. D. W.	THEK.
(Date rec'd hy reg	istrar)		Registrar	Address State Sanatorium, Md. Date signed 1/	27.42

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FEB 6 1945

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00488 139

1. PLACE OF BEATH: Frederick	(For newborn infants give residence of mother)
City or town State Sanatorium, Mary land (If outside city or town limits, write RURAL and give nearest town)	state Maryland County St. Mary's
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since. Nov. 22, 1944	City or town Patuxent River (If outside city or town limits, write RURAL and give nearest town)
the state of the second address where death accurrents	Street No. N.A.S. V.R9
Maryland Tuberculosis Sanatorium	(if rural, give LOCATION)
How long in hospital or institution? Since Nov. 22, 1944	2.(a) It veteran, name war
3.(a) FULL NAME Naomi C. Arthur	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2 02002 0	20, DATE OF DEATH Jan uary 20 19 45 at 8: 20 P M
8.(b) Name of husband Kynk Samuel E. Arthur	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from November 22 19.44 to Jan. 20 19.45
7. Birth date of Angus t. 20 1912	and that I last eaw her alive on January 20 19 45
7. Birth date of deceased (mo., day, yr.) August 20, 1912	Immediate caose of death
8. AGE: Yeare Months Days It less than one day	Pulmonary Tuberculosis 3 Yrs.
32 5 0hrs,min.	
g. Birthplace Bal timore, Md. (Town, county, and state)	Due to
(Town, county, and state) 10. Usual occupation Housewife	
	Due to
11. Industry or business 12. Name George Mills	
	Dther conditions
Catherine ?	(Ieclude pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace Baltimore, Md.	
16. Informant Samuel E. Arthur (Husband)	Actorsy results
Address	22. VIOLENCE: It death was due to external causes, till in the following;
t7. Burial (Burial, cremation, or removal, Which?) Bate thereot 1/24/45 (mooth) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
cemetery XXXXX Fountain Green	
Location Darlington, Maryland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. M. L. Creager & Son	
Address / Thurmont, Mary Valva	23. SIGNATURE M. D. M. D
1/2/4/1/	23. SIGNATURE M., D. N.
19. Registral	Address State Same torium, Md. Date signed 1/22/45

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Marin Lawrence

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-0



CERTIFICATE OF DEATH

Reg. Dist. No. 774 140

00489

1. PLACE OF DEATH: . County + resurces	2. USUAL RESIDENCE (HOME) OF DECEASED: (For riewborn infinite give residence of mother)
City or town	State County Type County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death accurred:	Street Ho
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME alice Margaret	Biddinger 3. (b) Social Security Number ho.
4. Sex 5. Color or race 6.(a) Single, plaried, widewed, or divorted Female white midster	MEDICAL CERTIFICATION 20, DATE OF DEATH 13 1945 0
6.(b) Name of husband or wife Chas. Beldinger	21. I CERTIFY in at death occurred on the date above stated; that Lattended deceased from
7. Sirth date of deceased (mo., day, yr.) 1	and that I last saw h = 1 alive on 19 45
8. AGE: Years Months Days If less than one day	Immediate caus of death DURATION Septiceuria Justilly 5 slays
9. Birthplace Ladiesburg Fredb Ev. ma. (Town, county and state)	Due to Tujetin though 10 days
10. Usual occupation. Houseful	Due to.
11. Industry or business	Other conditions Chronic Internative 15 yrs
13. Birthplace 2 all shorts and a series of the series of	(Include pregnancy within 3 months of death)
15. 8 irthpique Ladieshung Mi	Major findings of operations
16. Informant Mo Chas Crifmine	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Date thereof Company Compan	22. VIOLENCE: If death was due to external causes, fill to the following; Accident, suicide, or homicide
Cemetery or crematory Haugh & Cly	Where did injury occur?
Location Ladie Shing Mag	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. Delegan Hogy	Means of Injury Injured at work?
Address Shumbalt Ma	23. SIGNATURE R. S. W. Vaugh, M. D.
19. Jan. 16. 1945 anna M. Jones Date red by registrar)	Address Tamphen Lul. Date signed 1/15/45

EXAMEN TO THE PERMANENT DESCRIPTION OF STREET

RECEIVED FEB 2 1945 BURELU V.S.

2411 N. Charles St., Baltimore 82

M. D. or other

00490

CERTIFICA	TE OF DEATH	Reg. Diet. No	1 3 5
1. PLACE OF DEATH: County City or town (If outside city or town limits, write BORAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No	County	carest sym)
How long in hospital or instilution?	2.(σ) 11 voteran, name war	<i>V</i>	
3. (a) FULL NAME Aury Made Blie 4. Sex 5. Color or race (6.(a) Singlo, married, widowed, or divorced	Kenstaff	3. (b) Social Security	Number
male white married	MEDICAL 20. DATE DF DEATH	CERTIFICATION 3	_at 10:30/-
6.(b) Name of husband or wife Olive 100 100 100 100 100 100 100 100 100 10	21. I CERTIFY that death occurred on the date	194 \$ 10 Jaw	0 61-8
8. AGE: Years Months Bays If less than one day 9. Birthplace (Town, county, and state)	Immediate cause of death Chusyotro pluc Duo to	ateral Sclerous	2 973
10. Usual occupation	Due to		
12. Name 1. Con a Constitution of the Constitu	Other conditions		
14. Maiden name Mary 6. Showe 15. Birthplace Many and	Major fiodiogs of operations	Date of op	
Address 17. Burial, cremation, or removal Wirish? (Burial, cremation, or removal Wirish?) (Burial, cremation, or removal Wirish?)	Actopsy results	which death should be charged causes, fill in the following:	d statistically.
Location Asi My Cagaille, Man	Where did injury occur? Gity or tow Injured at lame, farm, industry, public place		(State)

23. SIGNATURE.

Charleen Leatherman

VS A15

WRITE

PLEASE

Address

(Date rec'd by registrar)

MAR 5 1948 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

CERTIFICATE OF DEATH

00491 Reg. Dist. No. 13

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	County Exedex 101	State Md County Trederick	
	(If outside city or town limits, write RURAL and give nearest town)	W .	
	How long in above place of death? 2 whs	(If outside city or town limits, write RURAL and give nearest town)	
.	Hospital, Institution, or street address where death occurred:	Streef No.	
	conerpency thospital	(If rural, give LOCATION)	
	How long in hospital or institution?	2.(a) If veteran, name war	
	3. (a) FULL NAME Charles U Bowle	3. (b) Social Security Number	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION	
	Male White Marriel	20. DATE OF DEATH	
	6.(b) Name of bushessor wife Sallie S. Bowslus	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	7. Birth date of	and that I last saw hC.A.7alve on	
	deceased (mo., day, yr.) 4 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Immediate cause of death	
	o. nom	wycopus	
	7 10 201		
	9. Birthplace Middle town Fred 6. Md. (Town, county, and state)	Due fo.	
	10. Usual occupation. Day Lakover		
	11. Industry or businesa	A. C. 20 144	
	12 Name Edward S. Bowlus		
	13. Birthplace Middletown, Md.	Other conditions	
	# C + Mario	(Include pregnancy within 8 months of death)	
	14. Maiden name. M. A. Aleton Warren and.	Major findings of operations.	
	\$ 15. Birthplace Weddelow - Wary and.	Bate of op.	
?	18. Informant Lucyatia Bowlus	Antopsy results. Carrie of dealle without	
	Address Middlebown, Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
4	17 Burial Date thereof 1-30-45	22. VIOLENCE: If death was due to external causes, fill in the following:	
	(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
	Cemetery or and Refirm Cemeter 7	Where did injury occur? Middle Town Fred (Clty or town) (County) (State)	
	Location Middle Lown, Md.	Injured af home, farm, Industry, public place (where?) Public blace	
	16. Funeral director Oladuillo	Means of Injury edes Trian - accident Injured at work?	
	1.01 1.11	A MEDICAL EXAMINED	
	Address Middletown 111d.	23. SIGNATURE M, D. or other	
	19. 30 - Jan 19 46 - Elizabeth J. Heck		
Rola	(Date rec'd by registrar) Registrar	Address Date signed Z - S - S - S - S - S - S - S - S - S -	

FEB 13 1945
BUREAU V.S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 187-0

00492

CERTIFICATE OF DEATH

1. PLACE OF DEATH County Cou		
State (Its or town (Its angles etts yet rown Jimip's write EURAL and gree nearest town) How long in about packed fisched. If the packed fisched in the packed fisched		2. USUAL RESIDENCE (HOME) OF DECEASED:
Now long in above placed floathough the state of the stat		MILE OF THE STATE
How long in above place-of glocked place of glocked place	(If outside city of town limits, write RURAL and give nearest town)	and the second s
Steel No. Steel No. Steel	How long in above place of feaths M / All.	(If outside city or town limits write BURAL and give negest town)
Now long in hospital or institibilish? 2.(a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 4. 522 5. Color or read 6. (a) Singley merred, videwed, or divorced 8. (b) Name of hospital or wife. 8. (c) It alive, give age 7. Birth date or deceased (mm. day, ry.) 8. AGE: Tears Moonhis Days If less than one day 15 15 15 15 15 15 15 1	1 1 7 1 7 1	Street No. 123 Gast / Floral SI
3. (b) Social Security Number 4. Set 5. Color or regal 5. Color or regal 5. Color or regal 5. Color or regal 6. (c) Name of hurband or wife 7. Such date of security marries, wooved, or divorced 7. Such date of security marries, or divorced 7. Such date of security marries, wooved, or divorced 7. Such date of security marries, wooved, or divorced statistically, wood or death, and on the secure to which death should be charged statistically, and or death wood or such as a such control of security marries, wood on the sale above states. Such marries of security marries, and marries of such marries of su		
5. Sex		2.(a) If veteran, name war
MEDICAL CERTIFICATION 8. (C) Hame of hurband or wife. 9. (C) Hame of hurband or wife. 11. Industry or hurband or wife. 12. (C) Hame of death. 13. (C) Hame of hurband or wife. 14. (C) Hame of hurband or wife. 15. (C) Hame of hurband or wife. 16. (C) Hame of hurband or wife. 17. (C) Hame of hurband or wife. 18. (C) Hame of hurband or wife. 19. (C) Hame of death.	John Edward 13 rd	3. (b) Social Security Number
S. (c) Hame of husband or wife 7. Birth date of deceased (from day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace	4. Sex 5. Color or race 6.(a) Singles married, widowed, or divorced	MEDICAL CERTIFICATION
S. (c) Hame of husband or wife 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Hame Date of operations. 13. Birthplace 14. Maiden name Date of Operations. 15. Birthplace 16. Informant Date of Operations. 17. Complete on the date above stated: that's attended deceased from the date above stated: that's attended to the date above stated: that's above stated: that's attended to the date above stated: that's at	mald while Sungle	20. DATE OF DEATH A PLAN A 3 30 M
7. Birth date of deceased (ma, day, yr.) 8. AGE: Tears Months Days If less than one day 9. Birthplace	P (h) None of husband or wife	
7. Brith date of deceased (ma., day, yr.) 8. AGE: Years Months Days If less than one day Months Days If less than one day Months Days Da		
8. AGE: Years Months Days If less than one day Sirthplace	7. Birth date of years	The state of the s
9. Birthplace (Yown county, and state) 10. Usual occupation 11. Industry or business 12. Hame		Immediate cause of death
9. Birthplace (Yown_Acounty, and state) 10. Usual occupation 11. Industry or business 12. Name Use in the state of the	7 4- 1	Companisaled well luxp
Due to 11. Industry or business 12. Name	min.	
Due to 11. Industry or business 12. Name	9. Birthplace (Town, sounty, and state)	Due to Day On De La Contraction de La Contractio
11. Industry or business 12. Hame.		
Dither conditions 12. Hame		Due to.
13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 17. (Buciel, tremation, or removal Which?) Cemetery or crematory. 18. Funeral director. 18. Funeral director. Address 19. 45 Cumula Manual (Include pregnancy within 8 months of death) Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 19. 45 Cumula Manual 23. SiGNATURE 23. SiGNATURE 23. SiGNATURE 24. (Include pregnancy within 8 months of death) Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Means of injury injured at work? 23. SiGNATURE 23. SiGNATURE	×	
14. Malden name 15. Birthplace 16. Informant 17. 18. Flease nuderine the cause to which death should be charged statistically. 18. Funeral director 18. Funeral director 18. Funeral director 19. 19	E	Dther conditions
16. Informant Address 17. Burial, Fremation, or removal Which?) Date thereof (foonth) (day) (year) Cemetery or crematory. Location 18. Funeral director. Address 19. 45 Cumula Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Major findings of operations. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 19. 45 Cumula Major findings of operations. 23. SIGNATURES. 24. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	M 7/100 . 11	(Include pregnancy within 3 months of death)
Autopsy results. PHYSICIAN: Flease nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at work? 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE		Major findings of operations
Address PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	≥ 15. Birthplace	Date of op.
Address 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, cremation, or removal Which? Date thereof (Donth) (day) (year)	16. Informant July Fal Safaranting	
Date thereof (Burled, cremation, or removal Which?) Cemetery or crematory (City or town) Location (County) 18. Funeral director (Many (year)) Address Address 23. SIGNATURE 23. SIGNATURE 24. Signature 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature	Address Brussmer Mill-	
Cemetery or crematory Location Location 18. Funeral director Address Address 23. SIGNATURE 23. SIGNATURE 24. Description 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature 20. Signatu	17 Runal Bate therent (2011, 29 1945)	
Injured at home, farm, Industry, public place (where?) 18. Funeral director Address 3. SIGNATURE 23. SIGNATURE 24. Signature 25. Signature 26. Signature 27. Signature	(Burial, cremation, or removal Which?) (month) (day) (year)	
18. Funeral director Address Businesson Holds Address Businesson Holds 23. SIGNATURE As Description other	Cemetery or crematory	Where did injury occur?
Address Brissesson Holl 23. SIGNATURE De give Surger other	Location Collinson Man That	
Address Brussesson Mill. 23. SIGHATURE Le Div Christighe M. D. D. prother	18. Funeral director 10 A Fund & Bro	Means of Injury Injured at work?
19 AM. 29 19 45 Euma Marten 23. SIGNATURE ALL BANK STORY OF OTHER	n -1-no	An. M
19 Fam: Ly - 19 43 (runne thailent	Authorition for the state of th	23. SIGHATURE LE BUR SUR SUR SUR SUR SUR SUR SUR SUR SUR S

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NUMBER OF TAXABLE PARTIES

RECEIVED |
FEB 5 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle

0.8	St.,	Baltimore	46-2)
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CERTIFICATE OF DEATH

1. PLACE OF	DEATH: ederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
FI	Frederick			State Maryland' County Frederick		
	2 1	-	RURAL and give nearest town) Frederick			
	place of death?	***************************************		(If outside city or town limit	ts, write RURAL and give nearest town)	
Hospital, Institution	n, or street address where	deeth occurred:		Street No. 332 East Patrick Street		
332 E8	st Patricl	x Stre	<u>et</u>	(If rpral, give	e LOCATION)	
How tong to bospit	al or institution?			2.(a) It veteran, name war None		
3. (a) FULL NA	AME				3. (b) Social Security Number	
	MARY I	BECK B	RENGLE		None	
4. Sex	5. Color or race	6.(a)Single	married, widowed, or diverced	MEDICAL C	ERTIFICATION	
F	W		W		18, 19 45 of 5:22A	
6.(b) Name of husb	and or John	n M. B	rengle	21. I CEBTIFY that death occurred on the date ab	ove stated; that A attended deceased from	
			If alive, give ageveers	19.	44, 10 / X/2 14/3:	
7. Birth date of	June			and thet I last saw halive on	18.6.	
deceased (mo., d	47, 71.)			Immediate cause of death	BURATION	
0	lears Months	Days	It less than one day			
.7	5 7	17	hrsmin.	100000		
Fr	ederick-Fr	rederi	ck-Maryland			
9. 8irthplace		county, and st		Due to.	Tarenty.	
40 Naual assurable	At Home	3				
		******************	***************************************	Due to.		
11. Industry or busi					***************************************	
量 1 12. Name	John R. Ba	*******************	•••••••••	Other conditions		
13. Birthplace	Frederick	Count	y Maryland			
8	me Margare	t Sch	wearing	(Include pregnancy within 8	months of death)	
				Major findings of operations	**************************************	
1 101 0 110 0 100			y Maryland			
18 Informant R	ichard P.	Baer		Autopsy results.		
			., Frederick, N	PHYSICIAN: Please underline the cause to w		
		LUK DU		22. VIOLENCE: If deeth was due to externat cer		
17 Buri		Date thereo	, 1/20/45			
	ion, or removal, Which()		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or -over	St. Jo	onns C	emetery	Where did injury occur?(City or town)	(County) (State)	
Location	Freder	ick.	Maryland	Injured at home, farm, industry, public piece (w		
	M. R.	***************	son and Son	Meens of Injury	/ Injured at work?	
18. Funeral director	r	***************************************		meens of many	Injured at work?	
Address	Freder	ick,	Maryland	£1. X	KIO MIL NO TO	
2/201		c0	. 0 - 0 1) 0	23. SIGNATURE	TOWN M. D.	
19. 14 7 2	L 19 H 5	<u>'</u>	salette & Heck.	Frederick, Mary	Vland No. of other	
(Date rec'd by	registrar)		Registrar	Address - I GUGITUM, Mai	yland Date signed - 19-45	

RECEIVED FER 5 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

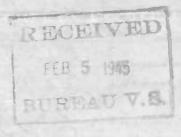
2411 N. Charles St., Baltimore



00494

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or tame (15 outside city or town limits, write RURAL and give nearest town) Street No. (16 rursl, give LOCATION) NONE
3. (a) FULL NAME Marshall Sawel (Tarter 3. (b) Social Security Number None
4. Sax 5. Color optyce 6. (a) Single, married, widowed, or diverced 6. (b) Name of husband or wife 6. (c) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days it less than one day 15. Why county, and state 10. Usual occupation.	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19
11. industry or business 12. Name	Other conditions
Address 17. (Burial, cremation, or all which) Cemetery or crematury Location 18. Funeral director	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide



2411 N. Charles St., Baltimore (#6-6)

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	00	1	U	14.4	Ž
D	Dick	N.		77	

CERT	FIC	ATE	OF	DE	TH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	The derivation of the state of
City or town Thursde city or town limits, write RURAL and give nearest town)	State County D
How long in above place of death?	City or town. (If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Thomas Castle	none
4. Sex 5. Color or race 8.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white	20. DATE OF DEATH X Quina 14 1945 21 7 34 M
barrens de la companya della companya de la companya de la companya della company	21. I CERTUFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	Jan 7 1945 10 Jan 14 1945
7. Birth date of 20	and that I hast saw h line alive on Alex 7-
deceased (mo., day, yr.) Nov. 18, 1859	Immediate cause of death
8. AGE: Years Months Days If less than one day	To ancing in a do the
85 1 26hrsmin.	Stoward 342
9. Birthplace Middletown Fredk. Co., Mac. (Town, county, and state)	Due to
double haven	
ID. Usual occupation.	Due to
11. Industry or business	
12. Name Mezin Castle 13. Birthplace Middletown	Other conditions
3 13. Birthplace Middletown	(Include pregnancy within 3 months of death)
14. Maideo name ann Rebecca Mercer	(Include pregnancy within 3 months of death)
14. Maideo name ann Tebecca Mercer 15. Birthplace Grederick	Major fiedings of operations
\$ 15. Birthplace Fredericke	Date of op.
16. informant William Shelfer	Aotopey results
Address Middletown	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoyal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
4. 7	Where did injury occur?
Cemetery or crematory A A A A A A A A A A A A A A A A A A A	
Location Madelown M.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Gladhill Co	Means of injury Injured at work?
Address Middle town md.	1 miles
	23. SIGNATURE. M. D. or opher
19. Jan 6 1945 annam. Jolls	Address I therwart ma Date signed 1/15/45

FEB 6 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

00496

CERTIFICATE OF DEATH

1. PLACE		Time	derick		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:		
County				**********************	State Maryland Com			
Buckeystown (If outside city or town limits, write EURAL and give nearest town) How long in above place of death? 40 years				URAL and give nearest town)	Buckeystown (If ontside city or town limits, write RURAL and give nearest town)			
Hospital, Instit	ution, or str	eet address where	death occurred	:	Street No			
,		•••••••			(If rural, give	LOCATION)		
		stitution?			2.(a) If veteran, name war None			
3. (a) FULI	. NAME		CLARA	BELLE CROMWELL		3. (b) Social Security Number None		
4. Sex	5	. Color or race	6.(a)Singh	a, married, widowed, or diverced	MEDICAL CE	ERTIFICATION		
Fem	ale	White	Wi.	dowed		lst. 19 45 ,et 12:15P M		
R (b) Name of	huchand or	Ca	rlton	Cromwell	21. I CEBTIFY that death occurred on the date abo	A		
					Dec 15	44,10 18.445.		
7. Birth date o	f		4. 187) If alive, give ageyears	and that I last saw h	ned 31-21 18 et 4		
deceased (m	o., day, yr.) Years	Months	Days	tf less than one day	Immediate cause of death	DURATION		
o. Adl.	772	11	27	hrsmin.	Cicuta Myo	eardetis 2001		
9. Birthniace.	7	Virginia			Due to.			
		(Town, Housewife		tate)				
10. Usuat occi	pation	HOUSENTIE	· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••	Due to			
11. industry or		Home						
12. Name.				••••••	Dther conditions			
		oudon Cou		irginia	(Include pregnancy within 3 m			
H 14. Maide	n name	Anna Jor	nes					
14. Maider 15. Birthpi	200			Virginia				
						Date of op		
					PHYSICIAN: Please underline the cause to wh	aich death shoold be charged statistically.		
Address		keystown.			22. VIOLENCE: tf death was due to external cause	ses. fill in the following:		
17. Burial Jan · 1 1945 (Burial, cremation, or removal, Which)					Accident, suicide, or homicide			
Cometery or cremetery Mount Olivet Cemetery					Where did Injury occur?(City or town)			
tocation Frederick, Maryland						nere?)		
18. Funeral director C.E. Cline and Son					Means of Injury	tnjured at work?		
Address		Frederic	k Non	wl and	1,00	7 1 -		
^	rau	19.5.5.	- 8	lisabett & Hech	23. SIGNATURE	M. D. or other		
(Date rec	by registi	rar)		Registrar	Address Tresendo	Date signed Date		

MINISTER STATE STATE STATE OF A THANK

FEB 5 1945
BUREAU V.S.

Rr. J. C. Routson

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107 (10497;
County FREDERICK	Registration Dist. No. 136
//	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
The state of the s	ds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME ATTIE LEE GRIMES D.	4V1.5
(a) Residence: No. URBANA MD. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WHITE WIPOWED	21. DATE OF DEATH annay 27 19545 (Year)
5a. If—marcied, widowed, or-divorced HUSBAND of (or) WIFE of THOMAS R. DAVIS	22. MEREBY CERTIFY That I attended deceased from 27, 1945
6. DATE OF BIRTH (month, day, and year) 6-10-1871	I last saw h. alive on
7. AGE Yeers Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSE WIFE 9. Industry or business in which	acute tronchitid Jan 10/45
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation LEE	7-11/45
12. BIRTHPLACE (city or town) HY ATTSTOWN (State or country) MDNJCOMERY M.D.	Other Contributory Causes of importance: 49.35
13. NAME WILLIAM A. CRIMES	
13. NAME WALLAM L. CRIMES 14. BIRTHPLACE (city or town) (State or country) MARYIANA	Name of operation
15. MAIDEN NAME STARY F. MEENFRESH	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) MARYKAMP	Accident, suicide, or homicide?
17. INFORMANT MARY Z. YOUNG (Address) FREDERICK MAD	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place / JAMES VIALE M.D. Date / 30 ,1975	Manner of injury
19. UNDERTAKER W. L. BUR PETTE (Address) HYATTSTOWN MD.	24. Was disease or Injury In any way related to occupation of deceased? Rolling Street
20. FILED Jan 29, 1943 94 Offenduction	(Signed) M. D. M.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(15) Q H 35	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

•			

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00498

Reg. Dist. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Many Jakes County, Fle Levick
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If ontside city or town limits, write KURAL and give nearest town)
Hospital, Institution, or street access where death occurred:	Street No. Is Two Gesville -
Suergency Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Sufant Welante	AS .
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temal W Twin-#2	20. DATE DE DEATH JOW 30 1945 21 9-10/M
Johnson	21. I CERTIFY that death occurred on the date above stated; that I granded deceased from
6.(b) Name of husband or wife	10 1 1 Senter i mar destri occurrer on the date store states; that I adjusted deceased from 1945
7. Birth date of 20 (1 alive, give age years	
deceased (mo., day, yr.) Aan 30 1945	and that I last saw h
8. AGE: Years Months Days If less than one day	0
0 1 0. 2 hrsmin.	Temoral 3 lang
Anastrobury Med R#1	Due to.
9. Birthplace (Town, county, and state)	DUE 10.
10. Usual occupation	Que to
11. Industry or business	99 10
	Other conditions.
12. Name July 1 delay for 13. Birthplace Dederick & Med -	
	(Include pregnancy within 3 months of death)
14. Malden name Hary Occides Kling-	Major findings of operations
\$ 15. Buthplace frederich Co My	Date of op.
18. Informant Maguera Lydes	Antopsy results
Address Surgener Hospita -	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
B. Dederste Int tout	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, crusation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or eremaining Williams Selle Class	Where did injury occur?
Location Welles hele, Md.	injured at bome, farm, industry, public place (where?)
6 4	Means of Injury Injured at work?
18. Funeral director	
Address Samuelabrille g Ma. R. L.D. L.	23 SIGNATURE & Harb Min
2 yell subs of the grant of the	M. D. or other
19. Left (Date rec'd by registrar) 19. Left (Bate rec'd by registrar)	Address Date signed 2 1 15

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RECEDE 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167-2

CERTIFICATE OF DEATH

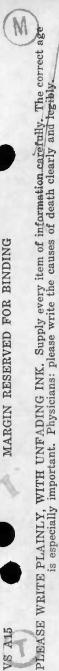
00499

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick City or the If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Life Hospital, institution, or street address where death occurred: 74 Lincoln Apartments How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Frederick City or the (If outside city or town limits, write RURAL and give nearest town) Street No. 74 Lincoln Apartments (If roral, give LOCATION) None		
3.(a) FULL NAME WILLIAM ARNOLD DELAUTER	3. (b) Social Security Number None		
4. Ser 5. Color or race 6.(a)Single, married, widowed, or diverced S	MEDICAL CERTIFICATION January 31, 45, 3 A		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 18 445, to 19 45 and that last saw h		
8. AGE: Years Months Days If less than one day 1 13	Due to January Control Maries Due to January Control Due to January Control		
11. Industry or business 12. Name	Other conditions		
16. Informant Mrs. Charles L. Delauter, Sr. Address 74 Lincoln Apts., Frederick, Md. 17. Burial (Burial, crassation, extensived, Witchit) Cemetery or crossive, Colored Cemetery Location Point of Rocks, Maryland 18. Funeral director. M. R. Etchison and Son Address Frederick, Maryland 19. 1- Yell 1945 Chiebald Access.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following; Accident, suicide, or homicide		

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FEB 5 1945

BUREAU V.S.



2411 N. Charles St., Baltimore [3-2)

00500

CERTIFICATE OF DEATH

Reg. Diat. No. 139

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mary land County
City or town State Sam to rium Mary land (If outside eity or town limits, write RURAL and give nearest town)	Ral ti more
How long in above place of death? Since September 25, 194	
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sana torium	Street No. 143 N. Gay St.
How long in hospital or institution? Since Sept. 25. 1944	(If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Louise Dunfee	3. (b) Social Security Number
	578-22-1007
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH January 16 19 45 at 4 P M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	September 25 19.44 16 Jan. 16 19.45
7. Birth date of	and that I last saw h.er alive on January 16
deceased (mo., day, yr.) Sept. 2, 1924	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 1 Yr.
20 4 14nrsmin.	
9. Birthplace Pennsylvania (Town, county, and state)	Due to
10. Usual occupation Painter	
	Oue to
11. Industry or business 12. Name Micheal Dunfee	
	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name. Mable Fulmer	Major findings of operations
15. Birthplace Pennsylvania	
16. Informant Deceased	Autopsy results
Åddress	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
mmmmmmm Transportation to	Where did injury occur? (City or town) (County) (State)
Tylersburg, Pa.	Injured at home, farm, industry, public place (where?)
18. Funeral director. M. L. Creager & Son	Means of Injury Injured at work?
	9/4
Address Thurmont, Maryland	23. SIGNATURE M. D. KYNYKY
18. 4/6(8) 18.	
(Date while he wealthour) Registrar	Address State Sana to ri um. Md. Date signed 1/17/45

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RECUIVED

FEB 6 1945

BUPEAT

2411 N. Charles St., Baltimore 107)

CERTIFICATE OF DEATH

()()5()1 70 Rog. Diat. No. 70

1. PLACE OF DEATH: County See LUNCO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
	Street No.		
Now long in hospital or institution	(If rural, give LOCATION) . 2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
Samuel J. Cul	u none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2	MEDICAL CERTIFICATION		
Mary Stranbond Wills	2D. DATE OF DEATH 19 at 1.K.36. P. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B,(b) Name of husband or wife. Many Stormberge Tells	18 4 5 10 19 4 5		
7. Birth date of deceased (mo., day, yr.)	and that t last saw halive on		
deceased (mo., day, yr.) / W S S S S S S S S S S S S S S S S S S	Immediate cause of death DURATION		
78 11 + 9hrsmin.	- Francisco		
9. Birthplace	Due to		
10. Usuat occupation Return Sarme			
11. Industry or business A	Due to		
	Dither conditions.		
E 13. Birthplace , a from			
14. Malden name/Navy a gylle 15. Birthplace	(Include pregnancy within 8 months of death)		
15. Birthplace	Major findings of operations		
16. Interman May Mary Stampongh Gylk	Autopsy results.		
Address Wordshorn Rt. 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Kathar a 0 Date thereof Jan 13-1945	22. VIOLENCE: tf death was due to externat causes, fill in the following:		
De Call Holling (year)	Accident, euicide, or homicide		
Mentel Wardsharm	(City or town) (County) (State)		
Location Control Contr	Means of injury Injured at work?		
18. Funeral dissetor	()1 ()		
Address Address Address	23. SIGNATURE M. D. or other		
19. Jan 3 19430 Chill M Mehrud	Address Welse will M. Date signed 1/15/45		

Indept of representation and a supplied

CERTIFICATE OF STREET

and protection production of the

FEB 2 1945

Interior Avenue

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (860)

00502

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick Frederick					2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewboru fufants give resideuce of mother) State Maryland County Frederick Frederick		

(If outside sity or town limits write RHRAL and give negrest town)			URAL and give nearest town)				
How long in above place of death? 45 years			rs	City or tests. (If outside city or town limits, write RURAL and give ueareat town)			
Hospital, Institution, or street address where death occurred: 118 Jefferson Street			:	Streel No. 118 Jefferson Street (If rural, give LOCATION) 2.(d) If veteran, name war. None			
Now long in hospital or institution?							
3. (a) FULL 1	NAME	ELLEN	J. E.	FLINN		3. (b) Social Security I	Number
4. Sex	5.	Color or race		e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
F		W	S				
			1 ~		20. DATE OF DEATH	30 19. YS	, al
6.(b) Name of hu	6.(6) Name of husband or wife				21. I CERTIFY that death occurred on the dale above stated; that Lattended deceased from		
			9.6	e) If alive, give ageyear:	and	19 to	19
7. Birih dale of deceased (mo.	day we l			, 1856	and that I last saw hat	you sl	19.45
8. AGE:	Years	Months	Days	I If less than one day	Immediate cause of death		DURATION
	88	7	0		Cyprus	, freezeme	1 hr.
		1 +	_	hrs,min,			***************************************
9. Birthplace.	erre	rson-F	reder1	ck-Maryland	Due to all	ce.	***************************************
		A+ HO		tate)		***************************************	······
1D. Usuel occup:	ation		***************************************	•••••••••••••••••	Due to		*
11. Industry or b		mo a Lil	inn				
12. Name. Thomas Flinn 13. Birthplace Baltimore, Maryland			7 4	Dther conditions			
				(Include pregnancy withi			
14. Malden name Margaret Cramer 15. Birthplace Baltimore, Maryland			mer				
OF SE Blathala	. B	altimo	re. Ma	ryland	Major findings of operations		
				om Family Bibl		Date of op	
16. Informant	11000	I do I a	WOTI TT	OH TAHLLY DIVI	PHYSICIAN: Please underline the cause t		
Address							out to the tall y
17 Bur	ial	removal, Whien	Date there	2/3/45 (mouth) (day) (year)	22. VIOLENCE: If death was due to externa Accident, suicide, or homicide.		30.45
(Burlal, crem	nation, or 1	removal, Whien	7	(mouth) (day) (year)	Accident, suicide, er homicide.	ver France	
Cemetery or se	rematury	St. Pa	uls Lu	theran Cemeter		wn) (County)	(State)
Location	Je	fferso	n, Mar	yland	Injured at home, farm, Industry, public place	e (where?) . Your	
	3.4			and Son		injured at work?	no.
19. Funeral direc	Gtor	••••••	*******************************	•••••••••••••••••••••••••••	0 0	, Deputy	hed.
Address	L.I.	ederic	k, Mai	yrand	23. SIGNATURE A.W.	ou le	K.
10 1- Le	l-	10 64 5	- 6	is abethy track.		. A d	or other
(Date rec'd	hy registr	ar)		Registrar	Address / wall	Date signed	1.21.8

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RECEIVED
FEB 5 1945
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

00503

		BY-	٦	12	٦
20	D1	B.Y.	- 1	0	Ш.

(If outside How long in above place of dea Hospital, institution, or street 118 Jeffer How long in hospital or instit	ck lerick city or town lb ath? 45 address where con St	death occurred		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town. (If outside city or town limits, write RURAL and give nearest town) Sirect No. 118 Jefferson Street (If rural, give LOCATION) None		
3. (a) FULL NAME					3. (b) Social Security 1	Number
	ANNIE				None	
4. Sex 5. C	olor or race	6.(a)Single	a, married, widewed, or divorced	MEDICAL CE	RTIFICATION	
F	1,1	S		20. DATE OF DEATH	30 1945	at & PM
8,(b) Name of husband or wif				21. I CERTIFY that death occurred on the date above		
			e) If alive, give ageyears		, 10	19
7. Sirth date of deceased (mo., day, yr.)	August			and that t last saw h	face 51	19. 8-3
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		DURATION
78	5	15	hrsmin.		and there	Mari
1D. Usual occupation	At Hom	ne		Due to		
12. Name Thom 13. Birthplace Bal	nas Fli Ltimore	nn , Mar	yland	Dther conditions		***************************************
14. Maiden name	<u>largare</u> Ltimore	t Cra	mer yland .	(Include pregnancy within 8 mc		
18. Informant Record	l taker	fron	r Family Bible	Autopay results	dalle	statistically.
17 Burial (Burial, commandon, or re- Cemetery or openatory St	. Paul	s Lut	(month) (day) (year) Cheran Cemetery	(0.0)	(County)	(State)
Location Je	R. Et	chisc	n and Son	Injured af home, farm, Industry, public place (whe Means of Injury 23. SIGNATURE	Injured at work?	ed Cx
1 4 0	ederic	60	inalelly Heck.	23. SIGNATURE OF W Bour	M. D. o	r other 1.31.46

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CHAINTENES OF DEATHS

FEB 5 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

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9	Street	and a	200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (90)

00504

CERTIFICATE OF DEATH

			_		
-	Dist.	No	1	31	

Reg. Dist. No.....

1. PLACE OF DEATH	ick			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)		
County Fred	erick	••••••	•••••••••••••••••••••••••••••••••••••••	State Maryland County Frederick			
City or tendent (If outside	le city or town l	imits, write R	URAL and give nearest town)				
How long in above place of de	ath?	y cal	9	City or temm. Frederick (If outside city or town limit	s, write RURAL and give nearest town)		
Hospital, Institution, or street 118 Jeffe				Street No. 118 Jefferson	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
				(If rural, give	LOCATION)		
How long in hospital or insti	itulion?		***************************************	2.(c) If veteran, name war. None			
3. (a) FULL NAME					3. (b) Social Security Number		
	LII	LIE L	• FLINN		None		
4. Sex 5.	Color or race	6.(a)Single	, married, widewed, or divorced	MEDICAL C	ERTIFICATION		
F	W	S		20. DATE OF DEATH Jan	3/ 19 X 5 at 4 A		
	1			21. I CERTIFY that death occurred on the date abo			
6.(b) Name of husband or wi	fe	**************	***************************************				
7. Birth date of) If alive, give ageyears	and that I last saw he and the on	10 10 10 10 YS		
deceased (mo., day, yr.)	March	4, 186	59	Immediate cause of death			
8. AGE: Years	Months	Days	If less than one day	Exurene to	culal she		
75	10	27	hrs,mln,				
8. Birthplace Jeffe	rson-F	reder	ick-Maryland	Duo to House fur	- gomes put		
		county, and s	tate)				
10, Usual occupation	At Hom	le	***************************************	man Desett of h	er sisters		
11. Industry or business				Due 10			
From to	as Fli	nn		Diher conditions			
	ltimor	e. Maj	rvland				
	argare			(Include pregnancy within 3	months of death)		
				Major fiedings of operations			
	ltimor				Date of op		
16. Informant Recor	d take	n from	n Family Bible	Autopsy results			
Address				PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.		
Burial		B.1. 11.	. 2/3/45	22. VIOLENCE: If death was due to external car			
(Burlal, cremation, or r	emoval. Which?		(month) (day) (year)	Accident, suicide, or homicide. A.C. call	what Dato of 1.30, 45		
Cemetery or crametory	t. Pau	ls Iut	cheran Cemetery	Where did injury occur?	(County) (State)		
Location	effers	on. Ma	aryland	Injured at home, farm, industry, public place (w			
N.T			on and Son	Means of Injury University A	Waldwied at work? No.		
TO THISTEL WILCOMD		••••••		0	Depute Wed		
Address	rederi	CK, Ma	aryland	23. SIGNATURE P. W - /3a	w lex.		
1 - Yele	10 H 5	- 66	in D. D. & Hech.	23. SIGNATURE			
(Date rec'd by registre	ar)		Registrar	Address Comment	Date signed 1 3 1 . Y		

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FEB 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

00505

CERTIFICATE OF DEATH

Per Diet No 131

1. PLACE OF DEA	TH: erick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Him 6	derick	***************	***************************************	State Maryland County Frederick			
City or town(If ou	tside city or town	limits, write R	URAL and give nearest town)	Frederials			
How long in above place o				(If outside city or town limits, write RURAL and give nearest town	ve nearest town)		
Hospital, Institution, or s	treet address when	e death occurred	l: eat	Street No. 243 East Church Street			
***************************************			***************************************	(If rural, give LOCATION)			
How long in hospital or i	nstitution?			2.(a) If veteran, name war			
3. (a) FULL NAME				3. (b) Social Security Number			
	BABY			None			
4. Sex	5. Color or race	6.(a)Single	e married, widewed, or diversed -	MEDICAL CERTIFICATION			
F	W	S		2D. DATE DF DEATH January 20th, 19.45 et 9/	454		
6.(b) Name of husband of	r wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	116		
E. 1.5400 E.1230			e) If alive, give ageveers	1945, to Spar- 191	8		
7. Birth date of	Tonic	ry 19		and that I last saw have alive on the last saw have alive of the last saw have alive on the last saw have alive of the last saw have alive on the last saw have alive of the last saw have alive on the last saw have alive of the last saw h	9 40		
deceased (mo., day, yr. 8. AGE: Years	Mooths	l Days	if less than one day		ATION		
0	0	0	15 hrs. min.	Premature Bulk			
			1	- January and the same of the			
9. Birthplace F. T. C.	erick-r	reder	ick-Maryland	Due to fill de la	t		
1D. Usual occupation	Infant			J. Julynuncy			
		• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	Due to			
11. Industry or business	orge D.	Ford					
T 4. Manie			nty Maryland	Dther conditions			
	Elsie M			(Include pregnancy within \$ months of death)			
14. Maiden name			***************************************	Major findings of operations			
2 15. Birthplace	rederic	ek Cour	nty Maryland	Date of op.			
18, Informant Ge	orge D.	Ford		Antonsy results.	000000000000000000000000000000000000000		
101			Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistical	r.		
				22. VIOLENCE: If death was due to external causes, fill in the following:			
Burial (Burial)	removal. Which	Date there	of 1/20/45 (month) (day) (year)	Accident, suicide, or homicide			
			t Cemetery	Where did injury occur?			
			Waryland	Injured at home, farm, Industry, public place (where?)			
Location	N/ D		son and Son	Meane of Injury Injured et work?			
18. Funeral director		•••••		mount of India?			
Address	Freder	ick, l	Maryland	Aniversel Miller D.			
20-20.	1,1-	60	: 0.00 lill	23. SIGNATURE M. D. or other			
(Date rec'd by regis	1945		Registrar	Address Frederick, Maryland Date signed 1-20.	.45		

MARYLAND STATE DEARTHAINT OF MAKEN

MALEY A STREET PROPERTY AND ADDRESS.

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FEB 5 1945

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEA age of deceased is shown on

2411 N. Charles St., Baltimore

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FILM No G 9 2 MAR

Evidence for change of

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 131

	Frede	TH: erick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	*************	lerick	*******************		Maryland Frederick				
City or town.	(If on	side city or town	imits, write R	URAL and give nearest town)	State Con	aty	******************************		
New Jens In					City or town Frederick	City or town Frederick (If outside city or town limits, write RURAL and give nearest town)			
Hospital, In	apove piace o	treet address where	death occurred	•			uearest town)		
116	Bouth	Market	Stre	et	Street No. 116 South Mar)				
		******************			(Ifrural, give	LOCATION)			
		nstitution?			2.(a) If yeteran, name war.		••••••		
3. (a) FU	LL NAME					3. (b) Social Securit	ty Number		
		SARAH	CATHE	RINE FRALEY		None			
4. Sex		5. Color or race	6.(a)3ingh	married, widowed, or director	MEDICAL CH	ERTIFICATION			
F	1800	W		W	T	0543	7.500		
	1	Daha	I Dag	- 7	20. DATE OF DEATH January				
6,(b) Name	of husband or	TODE	rt Fr	arex	21. I CEPTIFY that death occurred on the date abo				
) If alive, give egeyea		+5 Jan	252 1845		
7. Birth date	of	Tomas		, 1875	and that I last saw halive on	1265	1944		
	(mo., day, yr.) Years	i Months	Days	If less than one day	Immediate cause of death	P	DURATION		
8. AGE:	-75-		uays 7	it less man one day	Blanny 1	ourn	4		
69		0	1	hrsmlr	- and mesting		do and.		
9. Birthplac	Fred			Maryland	Due to Service I	N	+ she		
			county, and s	tate)	7660		0 1/000		
10. Usual o	ccupetion	At Hon	ie	***************************************					
11. Industry	or business				Due to	1	•••••		
04	Tan	nes G. I	opper		William JB	6.011			
	16	ttlesto	**************	222	Other conditions		****		
		TOTESUC	AATT 1	emina •	(Include pregnancy within 8 n	nonths of death)			
14. Mai	den name	Elizabet	n Ashi	oaugh					
14. Mai 15. 8iri	haloss Fr			ty Maryland	Major findings of operations				
				V		Date of op	***************************************		
16. Informan		. Louis			Autopsy results.				
Address	F're	derick,	4		PHYSICIAN: Please underline the cause to wh	ich death should be charge	ed statistically.		
Bu	rial			01 1/29/45 (month) (day) (year)	22. VIOLENCE: If death was due to external cause	ses, fill in the following;			
(Burial,	eremation, o	r removal. Which?			Accident, suicide, or homicide	Date of	***************************************		
	or crematory.	All a V	ivet	Cemetery .	Where did injury occur?(City or town)		***************************************		
Location .		rederick			Injured at home, farm, industry, public place (wh		•••••		
16. Funeral	allector		•••••	n and Son	Means of Injury	Injured at work?			
Address	F	rederic	k, Mar	ryland	1/1 X/- Ne	on	M. D.		
0.1	0-		60	. 1 As Qu 11 . 1	23. SIGNATURE	М. І	D, or other		
19. (Date r	ec'd by regis	19 4 5 Trar)		Registra	Address Frederick, Mary		1-26-45		

MARY LAND STATE DEPARTMENT OF PERSONS

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FEB 5 1945
BUREAU V.8



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00507

CERTIFICATE OF DEATH

139 Reg. Dist. No....

How long in above place Hospital, Institution, or Marylane	Frede te Sanato controlle of death? Sino r street address where d Tuberou r Institution? Sino	rium, ce Mar death occurred llosis	Mary land URAL and give nearest town) Sch 16, 1943 Sanatorium Sch 16, 1943	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of re	, write RURAL and give nei	arest town)
	rginia R.				3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	White	S	ingle	20. Date Of Death January 21	19.45	2:30A M
7. Birth date of	Manah	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about March 16	ve stated; that I attended dece	ased from
deceased (mo., day,				Immediate cause of death		DURATION
8. AGE: Years		0eys 17	If less than one dayhrsmln.	Pulmonary Tubercu	losis	4 Yrs.
9. BirthplaceCu	mberland,	Mary connty, and s	land tate)	Due fo		
	Houseke			Due to		
# 12. Name R			ry land	Other conditions		
adl	Ada M. I	ucas		(include pregnancy within 8 n	••••••	
≥ 15. Birthplace	Cumberla		lary rand			
16. Informant	Deceased			Antopsy results	ich death should be charged	statistically.
Address			1/23/1.5	22. VIOLENCE: If death was due to external cause		
(Burial, cremation	, or removal, Which?)	Date there	of 1/23/45 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemeter 267Xc2000	XX Zion M	lemori	al	Where did injury occur?(City or town)	(County)	(State)
Location	Cumber	land,	Maryland.	Injured at home, farm, Industry, public place (wh	nere?)	
1			ht_/	Means of Injury	Injured at work?	
. 1	Cumberlan	d, Ma	ry Vand V	23. SIGNATURE O. W. Ay	M. D.	OBOM OF
19. (Day 200'd by 200	47		Ragistra	State Sanatori		

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STATE OF STATES OF DESIGN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00508

Reg. Dist. No. 131

1. PLACE O		Jel, H	ederick		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the contract of the contra	F DECEASED:			
County			ารคระทำไ	٦۵	Slate Maryland Coul	mty Frederick			
Sity-or town	(If outsi	de city or town i	imits, write F	URAL and give nearest town)	Hansanin lla				
How long In abo	ve place of d	leath?	2 yrs	•	(If outside city or town limits	, write RURAL and give nearest town)			
Hospital, Institu	ition, or stre	et address where	death occurred	!:	Street No				
400000000000000000000000000000000000000			••••••	***************************************	(If rural, give	LOCATION)			
How long In ho	spital or ins	titution?			2.(a) If veteran, name war				
3. (a) FULL	NAME					3. (b) Social Security Number			
		Jacob	Henry	Fry					
4. Sex	I E	Color or race		e, married, widowed, or divorced	u.	None			
					MEDICAL CE	ERTIFICATION			
Male	3	White	Ma	rried	20. DATE OF DEATH Jan. 7th	• 19 45 et 10 A. M			
		vifeV3	ola Co	nard	21.11 CERTIFY that death occurred on the date abo				
					1940 10				
7. Birth date of	****************		6.(c) If alive, give ageyears					
deceased (me		Februa	ery 5-1	.865	and hat I last saw hAmpelive on				
8. AGE:	Years	Months	Days	If less than one day	Impliediato canse of death				
	79	11	2	hrsmin.	- Company - Charles				
05-50-	Fr	ederick	County	Md.					
9. Birthplace	***************************************		county, and		Due to				
10. Usual occu	notion	Retired	Food l	ferchant					
		••••••••••	*******************		Due to				
11. industry or	business	Un com 7 and 11	T3		***************************************				
HILY 13. Birthpi		marles v	· Pry		Other conditions				
13. Birthpi		Virg	ginia		(Include pregnancy within 8 n				
置 14. Malder	п лате	Mary Ero	lman						
LO 15. maide	1 1101110-11111				Major findings of operations				
15. Birthpl	ace	Frederic		ity ma.		Date of op			
1B. Informant	Mrs	. Viola	Fry		Autopsy results				
Address	Har	sonville	Md.		PHYSICIAN: Please underline the cause to wh	aich death should be charged statistically.			
				. Jan. 11-19/15	22. VIOLENCE: tf death was due to external cau	ses, fill in the following;			
17. DUI	121	semoyal. Willel	Date ther	eof Jan. /- 19/5 (month) (day) (year)	Accident, suicide, or homicide				
		Knorle							
Cemetery or					Where did injury occur?(City or town)				
Location		Enoy	vill	e-mi.	Injured at home, farm, Industry, public place (wi	here?)			
1B Superal dis	onton.	C.E.Cli	ne and	Son	Means of Injury	Injured at work?			
	CU (UI				094 +				
Address		Frederi	JUK, MC) •	23. SIGNATURE	4 Xay			
. 9-	r.au_	10 L1 L **	. 86	in letter & teck.	10 00 00	M. D. or other			
(Date rec'	by registr	19. H. 5.		Registrar	Address W7 Merull	I MI Date signed 1/8/45			

MARCHAND STATE DESCRIPTION OF PEACH

FEB 5 1985
BUREAU V.S.

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VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

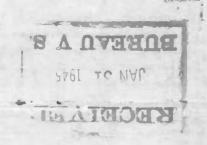
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1000	10

CERTIFICATE OF DEATH

00509

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State III Ally Courty To School With Chi
	City or town
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
Schwarth Hospital	Sireet No
How long in hospital or institution? 28 24	
	2.(a) It veteran, name war
3. (a) FULL NAME Rate Buch Garrots	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Levele White mancied	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11 0 11 -4	20. OATE OF DEATH
B.(b) Name of husband or wife Glorge 3. January	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) II alive, give age 13 years	18.44 to toget 6 18.45
7. Birth date of // 12 /9 /9	and that I last saw h
accedate (most and the total	Immediate cause of death DURATION
0. 4100.	for the state of t
65' - 23min.	Carolina Demarliago
9. Birthplace Delaux	Que to
(Town, county, and etate)	
10. Usual occupation. Assument	Oue to
11. Industry or business	000 10
12 Name Gacol Buch	Att
	Other conditions
as 13. Birthplate	(Include pregnancy within 8 months of death)
E 14. Malden name // Cary // Carlotte	Major findings of operations.
15. Birthplace	Bate of op.
Warre B Variett	Autopsy results.
16. Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address May hely Milly.	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which]) Oate thereol. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Mean Fellewille Mill.	Injured at home, larm, industry, public place (where?)
1 2/ 2 to u Ross	Means of Injury Injured at work?
18. Funeral director	() no.
Address Brunsuck Mil	23. SIGHATURE IN SILVANO SOLITORIA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA
19 Jan 18 - 1945 Eurya Martin-	M. D. orother
(Date rec'd by registrar) Registrar	Address Deles Sur Sur Sur Man Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00510

CERTIFICATE OF DEATH

Reg. Dist. No. 13

County Freder				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frade	זוח בים	*************	***************************************	State Maryland County Frederick		
(If out	ide city or town lis		URAL and give nearest town)	titjes town NXXXXXX Adamstown - Quantity (If outside city or town limits, write RURAL and give neare	40	
How long in above place of	death?	Lasth accurred		11		
Hospital, institution, or streder	ick Cit	y Hos	pital	Street No. R. J. D.	A	
How long in hospitat or in	******************		***************************************	(If rural, give LOCATION) 2.(a) if veteran, name war		
3. (a) FULL NAME	31110110111	***************************************				
3. (G) PULL HAME	2	5	Eduado Til	3. (b) Social Security No	umber	
4. Sex 5	Color or race		e, married, widowed, or divorced			
male	white		single	MEDICAL CERTIFICATION		
mare	WILLOC		271270	20. DATE OF DEATH. 1944.	11135P.M	
R (h) Name of huchand or	wife		-11 -1 115 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	21. I CERTIFY that death occurred on the date above stated: that I attended decease	ed from	
				19.75-, 10	19.43	
7. Birth date of			tf alive, give ageyears	and that I last saw h	19.4.5-	
deceased (mo., day, yr.)	Jan. 1		1945 I It less than one day	Immediate cause uf death	DURATION	
8. AGE: Years	O	Days O	12 hrsmin.	Printere Buth - 6+ months	****************	
9. BirthplaceFrede	rick. F	reder	ick. Md.	Due fo	•••••••	
7. Birinpiace	(Town,	ounty, and s	tate)	bac 10	*****************************	
10. Usual occupation	<i>V</i>	••••••	***************************************	Que to.	**************************	
11. Industry or business	V			000 10	****************************	
質 12. Name Walt	er Z. G	ibbs,		Other conditions		
13. Birthplace Gro					***************************************	
				(Include pregnancy within 3 months of death)		
14. Maiden name Cs 15. Birthplace UI	abassa M	- 22-7	~ d	Major findings of operations.		
≥ 15. Birthplace	Wana, I	aryra	ha ha			
18. Informant		***************************************	DUS,	Antopsy results.		
Address Adan	nstown,	Md.		PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.	
17 Burial (Burial, cremation, or		Date there	Jan. 3, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
		- Date there	(month) (day) (year)			
Cemetery or cremetery.	athoric	Ceme	tery	Where did injury occur?	State)	
Location Urbar	na, Md.			tnjured at home, farm, industry, public place (where?)	001**0010000000000000000000000000000000	
M.	R. Etc	hison	ı & Son,	Means of injury injured at work?		
	erick, M			B. S. white, ma		
200	1-	8	isobette & Heck. Registrar	23. SIGNATURE M. D. or Address Pooleanlle bud, Date signed	other	

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Evidence for change of MARY age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.2

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CERTIFICATE OF DEATH

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How long in hospital	derick oint of Ro foutside city or town li uce of death? 25 or street address where or Institution?	mits, write RU YCATS death occurred:	PRAL and give nearest town)	Point of Ro (If outside city or town limi	of mother) Frederick County CKS Its, write RURAL and give new	arest town)
3. (a) FULL NAI			AS HANES		3. (b) Social Security None	Number
4. Sex	5. Color or race		married, widowed, or divorced M		y 29th, 19 45	1:30A
***************************************	Mary Octobe:		If alive, give age	21. I CERTIFY that death occurred on the date a	245 10 Jan 2	
9. Birthplace Fr 10. Usual occupation 11. Industry or busin	ederick Control (Town, None	county, and st		Due to Sessility	Co. en passou	17 Nay
13. Birthplace 14. Maiden nam 15. Birthplace 16. Informant	Caltering Mary	ula ula L. Han	mism ul.	(Include pregnancy within	Date of op	
17. Buri. (Burial, crematic Cemetery or prome Location Po	st. Par int of Ro M. R. Et	Date thereouls Ce cks, N chison	(month) (day) (year) metery aryland and Son	22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	(County) (where?)	(State)
19.31-ta	1943	93	izabethy. Hech	23. SIGNATURE LEAS	m Weg M. D.	or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICATE OF DEATH

Rog. Diat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Tullerick	(For newborn infanta give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Made County Frederick
	or town Johnsville
How long in above place of death?	of outside city or town limits, write RURAL and give nearest town)
Trederick City Hospital	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
marine House	augh 220-09-8095
4. Spd 5. Color or race 6.(a) Strate, married, widowed or diverced	MEDICAL CERTIFICATION
24 211 20 1	MEDICAL CERTIFICATION
Married Married	20. DATE OF DEATH 1945 at 12.15 PM
8, (b) Name of husband or wite Greenew Boone	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of give age 2 years	
deceased (mo., day, yr.) Dec 22 /915	and that I last saw h. 1997
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
29 0 25nin.	15
week of the text o	
9. Birthplace (Town, county, and state)	Due to Creating Chart
10, Usual occupation	Due to condendo
11. Industry or business ounty Road Nork	
12. Name Chas H Harburgh 13. Birthplace Walkersville Myd	Diher conditions
13. Sirthplace Walkers wille / mst.	
K 7 . 88 9 111	(Include pregnancy within 3 months of death)
14. Malden name Farmir & Engletinge 15. Birthplace Mt. Pleasant, my	Major findings of operations.
\$ 15. Birthplace Mt. Pleasant, 240	Bate of on
my mrs muises It Harbandh	
18. Informant 11.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Johnsville MA	
17 Bural Bate thereof Jan 20.1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, enemation, or removal, Which?) (month) (day) (year)	Accident, Suicide, of nomicide
Cometery or exemplosy My Santa Commeters	Where did injury occur? (City or town) (County) (State)
2 Knowledge - West	Injured at home, farm, industry, public place (where?)
Location A TOTAL T	
18. Funeral director Towell & Harly Cer	Means of Injury Courses (Helevane Injured at work? 42
Address Standsborn nd	The transfer of the transfer o
CD. Ranking	23. SIGNATURE IP. W-Ban Sept ex.
19. 19- Jan 1845 - Elizabeth y Heck	Touchurf Wd M.D. or other
(Date rec'd hy registrar) Registrar	Address Free Date signed 11 7. 46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

00513.

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

1. PLACE OF DEATH: Frederick		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED: other)		
City or town limits, write RU	***************************************		y Fraderick		
How long in above place of death? 63. Years. Hospital, institution, or street address where death occurred: 119. West Second St. How long in hospital or institution?	***************************************	" I - Frederick			
3.(a) FULL NAME		a.(o) it reteran, mante wes			
LOUISA A. HUNT	HENDRICKSON		3. (b) Social Security Number None		
	idowed, or divorced	MEDICAL CE	RTIFICATION		
6.(b) Name of husband or ele John D. Her S.(c) 7. Birth date of		21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) February 19,	1858		19.		
8. AGE: Years Months Beys 5	If less than one dayhrsmin.	Immediate cause of death			
9. Birthplace. Indianapolis, I	ate)	Due to Terror deron	Market State		
17	destribut. A	Due to			
11. Industry or business Rone 12. Name David Boyd Hunt 13. Birthplace Manyland		Diher conditions			
14. Malden name. Mary A. Henshaw	/	(Include pregnancy within 8 mo			
18. Informant R. Ames Hendrich		Autopsy results.	······		
Address Frederick, Mary	Land	PHYSICIAN: Please nuderline the cause to which			
17. Burial Date thereof (Burlal, eremation; ex removal, Which?)	(month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of		
Cemetery or crematory Mt. Olivet Co	e e	Where did injury occur?	(County) (State)		
Location Frederick, Ma	arylam	Injured at home, farm, industry, public place (when	re?)		
18. Funeral director		Means of Injury	Injured at work?		
Address Frederick, Ma	aryland \\	23. SIGNATURE	mos		
(Date rec'd by registrar)	abelly Heck.	Address Tredonito	M. D. or other		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICATE OF DEATH Reg. Dist. No				
1. PLACE OF DEATH: County City or teas: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where leath occurred: How long in hospital or institution?	(If outside city or town limits, write RURAL and give nearest town) Street No			
4. Sex 5. Color or race 6.(a) Single, merried, widgwed, or dispreced	3. (b) Social Security Number MEDICAL CERTIFICATION			
). (b) Name of husband or wife Thousas Haffman	20. DATE DF DEATH			
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw here alive on January 19.75. Immediate cause of death DURATION			
9. Birthplace (Town, county, and staye) 10. Usual occupation (Town, county, and staye) 11. Industry or business 12. Name Alexans W. Machillar	Due to			
13. Birthplace Manylay Collegery 15. Birthplace Mayylayd	(Include pregnancy within 3 months of death) Major findings of operations			
Address Net Clary Ned R. hl. 2 17. (Burial, cremetion, or remotial Whichit) Date thereof. (month) (jay) (year)	Autopsy results			
Location Constitution of the Constitution of t	Where did Injury occur?			
19. Jun 24 1945 Elizabeth J. Hede	23. SIGNATURE DO THOMAS M. D. or other M. D. or other			

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Physicians:

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by registrar)

(Date rec'd



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Hamil (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 214-10-1756 6.(a) Single, married, widowed, or divoses MEDICAL CERTIFICATION 20. DATE OF DEATH occurred on the date above stated; that attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Years It less than one day 66 1D. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Date thereot Accident, suicide, or homicide..... (month) (day) (year) (Burial, cremation Where did injury occur? (City or town) (County) Injured at home, tarm, industry, public place (where?) injured at work? Means of Injury 23. SIGNATURE..... M. D. or other

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FEB 5 1945
BUREAU V.S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (%)



CEDTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Dist. No. JO
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infant, give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Robert Zeorf Ha	he for 3. (b) Social Security Number
4. Sex 5. Color or face 6.(a)Single, married, widewelf, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH 3 45 21 9 30 Å N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that hallendad deceased from
7. Birth dale of deceased (mo., day, yr.) Ohril 2 /944	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 6 11108
9. Birthplace	Due to Difficult fleting.
1D. Usual occupation.	Due to
11. Industry or business 12. Name Silliam Co Le	Diher conditions. Lessells
14. Maiden name Ethel Moe Hopking 15. Birthplace Frederick Car	(Include pregnancy within 3 months of death) Majer findings of operations.
16. Informant. Ethel mae Hopking	Antepsy results
Address 17 (Burial, cremation, or removal, Walch?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Market 18. Funeral director Massage 18. Surface	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Mt. awf net.	S. C. Melanner Co Ket
19. Jan 3 19. 45 Lucian K. Falcone Registrar	Address M. D. & other Address Date signed oug 3-994.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

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1. PLACE OF DEATH: Fridwick ha	2. USUAL RESIDENCE (HOME) OF DECEASED: (For person infants give residence of mother)
County Judgman Market 1820	State Make Land County Trederick
(If outside city or town limits, write RURAL and give nearest town)	Might RIA
How long in above place of death?	City or town
Hospitat, institution, or street address where death ogcurred:	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Q verou 1. Juni	NONE
4. Set S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Malor Mutu Married	20. DATE OF DEATH JOW 13 19 75 at 7 19
s (h) Name of bushand or wife Family & Shut	21. I CERTIFY that death occurred on the date above stated; that altended deceased from
G. Co Financia of Miles and Annual Control of the Annual Control o	1100 2 1945 to au 15 1973
7. Birth date of	and that last saw h I alive on 1945
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	Casalan Salan Salan 12 days
- A	Corollas Hereinnage Bays
9. Sirthplace	Due to
10. Usual occupation. & allowy	
	Or teria - Sclerosis.
11. Industry or business	
12. Name	Other conditions
≥ 13. Birthplace / Wawawa	(luclude pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
15. 8irthplace	
16. Informant M. W. Tankin Schama	Autopsy results
Address Q . Multitury Mel	
Date thereof San 17 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoted.) Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location / Nighthaury Md	Injured at Nune, Tarm, Industry, public place (where?)
(1000ist)(00)	Means of injury injured at work?
18. Funeral director	(e 1/ / m)
Address // LOCALAMANA / MA	23. SIGNATURE M.D. or other
19. Marie Mashall Otte ree'd by registrar) Registrar	Address Air 9 Ila town Bate signed 1-16-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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31 Reg. Dist. No....

1. PLACE (Fra	derick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Gounty			derick	• • • • • • • • • • • • • • • • • • • •	State Maryland County Frederick	***************************************
City or tens. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?						
					City or term Frederick (If outside city or town limits, write RURAL and give n	
Hospital, Instit	iution, or s	treet address where	death occurred	li de la companya de	Street No. 307 Sherman Avenue	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JOI DIEL	Herri Trv.	51105	(If rural, give LOCATION)	
		nstituiion?		***************************************	2.(a) If veteran, name war	
3. (a) FULI	LNAME				3. (b) Social Security	y Number
		In	fant B	oy Kimmell	None	
4. Sex		5. Color or race	6.(a)Singl	a, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	9	White	S:	ingle	20. DATE OF DEATH. January 19th. 18 45	4:30P.
					21. I CERTIFY that death occurred on the date above stated; that I attended de	
				***************************************	1.1 CERTIFY that death occurred on the date above stated, that I altered to	
**************************************	***************************************		6.(c) If elive, give ageyears	and that last saw h. Lon-alive on	104
7. Birth date o deceased (m	-	Ja	nuary	18-1945	Immediate cause of death	DURATION
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death	DOBATION
	0	0	1	hrsmin.	Prematine & minth	
9. Birthplace.		Frederic	k Coun	ty Maryland	Bue to Cyclicustian	*****
s. sirinpiace.		(Town.	connty, and	state)		
1D. Usual occ	upatlon	Infant			Qua to	
11. Industry or					DUG TU.	
		lovd F. K	immell	Jr.	Dither conditions	
12. Name 13. Birthp		Frederi	ck Com	ntv Md.		••••••••••
					(Include pregnancy within 8 months of death)	••••]
14. Maide 15. Birthp	en name			herman	Major findings of operations	
S 15. Birthp	place			County Md.	Bate of op	
10 Informant	L	loyd F. K	immell	Jr.	Autopsy results.	····
				rederick, Md.	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Address		7			22. VIOLENCE: If death was due to external causes, fill in the following:	
17	Buria	r removal. Which?	Date ther	eof Jan. 20-1945 (month) (day) (year)	Accident, suicide, or homicide Date of	
(Burnal, or	emation,	Mount O	livet.	Cemetery	Where did injury occur?	
Location Frederick, Md.					Injured et home, farm, Industry, public place (where?)	
18. Fyneral d	lrector	C.E.Cli	ne and	Son	Means of Injury Injured at work?	
Address		Frederi			7/ 8. 7. 8.	m. m. A
Muuless			00	1 1/ 1 M D.	23. SIGNATURE It Seumence Jake), or other
19. 20	you	1974.7	2	habille J. Heck	Jan de so mas	11. 7 rules
(Date red	by regi	strar)		Registrar	Address Date signe	U

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

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D M.	200

CERTIFICATE OF DEATH

1. PLACE OF D	Fred	lerick		(For newborn infants give residence of mother)			
	Fron	lari ok	••••••••••••••••••	State Maryland County Frederick			
City or town(I:	f outside city or town li	mits, write Ri	JRAL and give nearest town)	Tradari ck			
	ce of death?	TOTO MA		(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution,	or street address where	death occurred:		Street No. 119 N. Market Street			
*******************	119 N. Na	rket 5	treet	(If rural, givo LOCATION)			
How long in hospital	or Institution?		•••••••••••••	2.(a) If veteran, name war			
3. (a) FULL NAI	ME			3. (b) Social Security Number			
	CLAF	RA GRA	NT KLINE	None			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION			
	****	~ .		Jan 10 to 45 08 a. "			
Female	White	51	ngle	20. DATE OF DEATH AM 19 19 48 , and M			
D (h) Name of hughar	nd or wife		***************************************	21. I CERTIFY that death occurred on the data above stated; that attended deceased from			
) If alive, give ageyea	18-14 10 Jun 10 19-5 5			
T. Birih date ot				and that I last saw h			
deceased (mo., day	71.71.0		3-1869	Immediate-cause of death			
8. AGE: Ye	ars Months	Days	If less than one day	Angrafia from T			
	76 0	14	hrsml				
	Frederick (County	Maryland	Oue to A			
9. Birthplace	(Town,	county, and	tate)	Milson Sayant 10			
10. Usual occupatio	Houseke	per	***************************************	Oue to Surprise Desir			
11. Industry or bush	2200			and the state of t			
	William H.	Kline		Other conditions			
12. Name	Maryla	and	***************************************				
			lehmesht	(Include pregnancy within 8 months of death)			
14. Malden nam	110		lebrecht	Major findings of operations.			
15. Birthplace	Maryla			Date of op.			
	Miss l'ary	int Kli	ne	Antopsy results			
				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	9 N. Market			22. VIOLENCE: It death was due to external causes, fill in the following:			
Buris	ion, or removel, Which	Oata ther	eof Jan. 19-1945 (month) (day) (year)	Accident, suicide, or homicide			
(Burial, oremet	Mt. Oli			Where did injury occur?			
Cemetery or cum							
Location			***************************************	Injured at home, tarm, Industry, public place (where?)			
	C.E.Cl	ine and	Son	Means of Injury / / / / / / / / / / / / / / / / / / /			
18. Funeral directo				H & Nedn			
Address	Freder	0/		23. SIGNATURE M. D. or other			
189	01. 10 46	- 6	is abelle J. Heck	The last of the last			
(Date rec'd by	0 45. registrar)		Registr	ar Address Date signed Date signed			

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R. J. W. Hedge

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

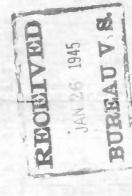
2411 N. Charles St., Baltimore (13/2)

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	D1 .	131
Reg.	Dist.	No

I. PLACE OF DEATH: Frederick Frederick-Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Weeks	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State Maryland Frederick City Issue Adamstown - Rural (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? 3 weeks	Street No. Forest Grove (If rural, give LOCATION) None			
3.(a) FULL NAME GEORGE EDWARD LEAPLEY	3.(b) Social Security Number None			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced S	MEDICAL CERTIFICATION 20, DATE DF DEATH. January 14th, 1945 at 5:35A m			
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.45, to 19.45 and that I ast saw h. 27 alive on 19.45			
8. AGE: Years Months Days If less than one day 71 4 0	Immediate cause of death DURATION Duration Due to.			
10. Usual occupation	Oue to			
13. Sirthplace Hancock, Penna. 14. Maiden name. Margaret Eader 15. Birthplace Hancock, Penna. 16. Miss Margaret Leapley	(Incinde pregnancy within 8 months of death) Major findings of operations. Date of on.			
16. Informant Miss Margaret Leapley Address Washington, D. C.	Autopsy results			
17. Buriat Date thereof 1/16/45 (Burial, cremation, or semond, Which?) Cemetery or crematury. Monocacy Cemetery Beallsville, Maryland M. R. Etahison, and Son	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
18. Funeral director. M. 11. Escentison and Son Address Frederick, Maryland 19. 15 Your 19. 15 Elizabeth Street. Date ree'd byregistrar) Date ree'd byregistrar)	23. SIGNATURE Avant W. Och M. D. M. D. or other Frederick, Maryland Ret stand 1-15-45			

THE SO THE PROPERTY OF THE STATE OF THE STAT



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death olearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 844

CERTIFICATE OF DEATH

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarty give residence of mother)
County. The factor of the county of the coun	State In A County tredericks
(If outside city or town limits, write RURAL and give nearest town)	City or town Farrill Junal
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ro.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Josephin Slare	almo m
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temalo Mull singe	20. DATE OF DEATH & Aug. 20 20 18 45 21 32 A. M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age years	Jan. 22 1945 to Xan. 22 1845
7. Birth date of deceased (mo., day, yr.) No. 4 - 1921	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
23 2 18	Copharation 10 mos.
Fai Och Albert	(in led)
S. Birthplace (Town, and state)	Due to. Descrity Life
10. Usual occupation. W. Home	Due to.
11. Industry or business,	
12. Name	Dther conditions
Y 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Haven 3. Afgray	
15. Birthplace to ville Freds to ma	Major findings of operations
16. Interment Haven P. Lempo	Autonsy results.
Address A and The MA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bush 24.100	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal) Which? (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location near Garfield	Injured at home, farm, industry, public place (where?)
18. Funeral director M. L. Thensen Juns	Means of Injury Injured at work?
Address Jamas out my	1 1 9
numers VIII	23. SIGNATURE M.D. or other
(Date rec'd by registrar) (Date rec'd hy registrar)	Address Date signed - 22-45

'S A15

PLEASE WRITE

FEB 6 1945
BUREAU V.

San San San

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131 Reg. Dist. No.....

1. PLACE OF DEATH: County. Frederick Frederick—Rural (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Near Frederick How long in hospital or institution?					2. USUAL RESIDENCE (HO (For newborn infants give resident) State Maryland City or the Frederi (If outside city or the 908 Motte Street No. (If a	ck town limits, Y AV6	write RURAL and			
					2.(a) If veteran, name war. None					
3.(a) FULL NAME RAYMOND HENCH LINTON							3. (b) Social Se			
4. Sex	5.	Color or race	6.(a)Single	married, widowed, or divor	ued	MEDIO	CAL CE	RTIFICATIO		
M		W		M		20. DATE OF DEATH	8	19	45	12.42
R (b) Name of the	olomi or w	Ma Anni	e E.	Hoover		21. I CERTIFY that death occurred on t	the date abov			
	•••••		6.(0) If alive, give age50)years	and that I last saw h. 2.4.7		fau	8-	19
8. AGE:	Years	Months	Days	If less than one day		Immediate cause of death	alia	~ *	7	OURATION
52537	55	2	26	hrs	mln.	extreme los	ual	· 7		welled
10. Usual occup 11. Industry or b	9. Birthplece Nr. Hansonville-Frederick-Md. (Town, county, and state) 10. Usual occupation Trainman 11. Industry or business H & F Railroad Company [2] 12. Name Samuel I. Linton					Due to				
	Mrs. Apple H. Linton				ind	(Include pregnancy		•••••	n	
16. Informant	16. Informant Mrs. Annie H. Linton Address 908 Motter Ave., Frederick, Md.					Autopsy results	anse to whi	ch death should be	charged sta	tistically.
17. Buri (Burial, crem	Burial Bate thereof 1/10/45 (Burial, committee) Bate thereof (month) (day) (year) Cemetery or committy Mount Olivet Cemetery					22. VIOLENCE: If deeth was due to a Accident, suicide, or homicide	eno	leute Date	of 1 - 8	wef
	Frederick, Maryland 18. Funeral director M. R. Etchison and Son					Injured at home, farm, industry, public	place (who	Clanined at wo	18:1	~ ·
Address	I I	rederi		aryland	A. O.	23. SIGNATURE	v !	Boer	M. D. or	other
19. (Date ree d	18. The Charles 18. H. 5 Challette J. Heck. (Date rechtly registrar) Registrar					Address Treduc	K_	200 Daile	signed	Ja 8.

HELIAND OF TENTHANDS STATE OF ACCOUNT.

FEB 5 1948 BUREAU V.S. The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

00523

Reg. Dist. No. 134

1. PLACE OF DEATH: county rederick		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n Maryland	DECEASED:	
	***************************************	Maryland Coun	Frederick	
City or town Emmitsburg (If outside city or town limits, write R		Frmi tehuna		
How long in above place of death?nine_year		City or town(If outside city or town limits,	, write RURAL and give neore	est town)
Hospital, institution, or street address where death occurred		Streef No. Rural		
Saint Joseph's		(lf rural, give l	LOCATION)	
How long in hospital or institution?	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security N	umber
Sister Mary hose McCaf	fferty (Rose McCa	fferty)		
4. Sex 5. Color or race 6.(a)Single	e, married, widowed, or divorced		RTIFICATION	34
Female White Sist	ter of Charity	20. DATE OF DEATH Jan. 13,	1945	1 A. M
		21. I CERTIFY that death occurred on the date abov		
6.(b) Name of husband or wife		June 10" 18 4		
7. Birth dale of		and that I last saw he alive on	1/1.11	19 4 57
deceased (mo., day, yr.) (unknown)	1862	Immediate caose of death		DURATION
8. AGE: Years Months Days	If less than one day	Immediate Capit of death		
83	hrsmin.	Chronic ando car	shitis	5400
9. Birthplace Donegal County, Ire	eland tate)	Due to Olnowie Rhen	m olista	loyra
10. Usual occupation	spital or Mental	Due 10 Chronic Octor	el Seure.	1846
1f. Industry or business				********************
12. Name William McCaffa		Dther conditions		***************************************
		(Include pregnancy within 8 m	onths of death)	
14. Maiden name		Major fiodiogs of operations		
14. Maiden name Mary McThane 15. Birthplace Donegal, Irelar	nd			
18 Informant Sister Rosa, Assi	stant	Aotopsy results.		.0400
•		PHYSICIAN: Please uoderline the caose to whi		atistically.
Address . St. Joseph's Col		22. VIOLENCE: If death was due to external caus	es, fill in the following;	
17. Enin tsourg, Md. (Burial, cremation, or removal, Which?)	January 15, 145 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory				
Cemetery or crematory	d.y. 5. p/d.d	Where did injury occur?(City or town)	(County)	State)
Location Emmitsburg, Md		Injured at home, farm, industry, public place (who	ere?)	•••••
18. Funeral director	lleson	Means of Injury	Injured af work?	
Address Emmillelie	1111	las	1 12:	
1	4 PO 11	23. SIGNATURE SUCO TO	Duly	other
19. (Just rec'd by registrar)	A Managarar	Address Thomason	1- Hud Date signed	/

FEB 3 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

00524

CERTIFICATE OF DEATH

Reg. Dist. No. / 4/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Additional County Tobboth County
(11 outside city or town nums, write KUKAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(o) If veteran, name war
3. (a) FULL NAME John Madison Mice	3. (b) Social Security Number
4. Sex 5. Color or ruce 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white marries	1 8 Um PR
701 0 0	20, DATE DF DEATH
6.(b) Name of husband or wite Many L. Truff	21. I CERTIFY that death occurred on the date above stated; that Tattended deceased from
6.6 It alive, give age 55 years	194/0, to 18.4/5
7. Birth date of	and that I last saw h. Leve alive on
BEEGGER (III.) RAJ. JI.	Introdiate cause of death
8. AGE: Years Months Days It less than one day	Carana Chambaris Mace
60 N. 21hrsmin.	7
many land	
9. Birthplace (Town, connty, and state)	Due to
1D. Usual occupation. Melythani	
She	Due to
11. Industry or business	
12. Name Market	Other cooditions
13. Birthplace Jurginia	(Include pregnancy within 3 months of death)
E Manue Sarah Manu	
14. Maiden name	Major findings of operations.
S 15. Birthplace Maynila.	Date of op.
18. Interment Mrs 9. M. Muller	Actopsy results
1 / / / m	PHYSICIAN: Please noderline the caose to which death shootd he charged statistically.
Address Mrv Full Mac	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Wbich?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location July Figh Miles	Injured at home, farm, Industry, public place (where?)
0010 - 10	Means of Injury Injured at work?
18. Funeral director. Can No. T. Albertal W. 1320	
Address / Summer Ch Ma.	A 00 . /// 2000
0 2 - 6 2 4.	23. SIGNATURE M. D. or other
Date rec'd by registrar)	Address Brusselle R Date signed transfitte

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RECELVIED
FEB 5 1945
BUREAU V.S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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00525

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CERTIFICATE OF DEATH

	Reg. Dist. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
Frederick Frederick	(For newborn infants give residence of mother) State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)	Time 2 21-		
How long in above place of death? LU VEAL'S	(If ontside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 44 East Third Street		
Frederick City Hospital	(If rural, give LOCATION) NOne		
How long in hospital or institution? 17 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
NANNIE VANLEAR MUNDEY	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W M	20. DATE OF DEATH January 23, 19 45, at 1:20A		
8.(6) Name of husband or Harry E. Mundey	21. I CERTIFY that death occurred on the date above stated; thet I attended deceased from		
8.(0) Name of husband of the man and m	19. V. J., 10 January 3. 19. V. J.		
	and thet I last saw in alive on July 2 3 19 14		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
77 6 27hrs.			
9. Birthplace Near Shepherdstown W. Va.	Due to.		
(Town, county, and state)			
10. Usual occupation	Due to		
11. Industry or business			
E 12 Name Dennis M. Daniels	Other conditions		
13. Birthplace Virginia	(Include pregnancy within 3 months of death)		
14. Malden name Marianna Sperry			
14. Malden name West Virginia 15. Birthplace	Major findings of operations.		
Mr. Harry E. Mundey	Date of op.		
	Antopsy results		
Address 44 E. 3rd St., Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial (Burial, crametica, or semeral, Whiteh) Date thereof 1/25/45 (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or community Mount Olivet Cemetery			
	Where did injury occur?		
Location Frederick, Maryland	Injured at home, farm, Industry, public piece (where?)		
1B. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?		
Address Frederick, Maryland	EP Hima II		
00 0 1	23. SIGNATURE Ma D. M. D. or other		
19. 23 au 1945 Elizabeth 4 Hed (Date rec'd by registrar) (Date rec'd by registrar)	Frederick Maryland 1-23-45		

VS A15

THE PERSON NO NO CONTRACTOR

RECEIVED

FEB 5 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00526

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	The .	2.7	mbs (V _l	
Ceg.	Diat.	No.	************	٠.

1. PLACE OF DEATH: Frederick					2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n		
City or town. (If outside city or town limits, write RURAL and give nearest town)				State Frederick Country	, Frederick		
How long in above place	of death? 25	year	S	****	City or team. (If ontside city or town limits, writs RURAL and give nearest town)		
Nospital, Institution, or	street eddress where	death occurred			Street No. 27 East Third	Street	
27 East	Third St	reet	***************************************	••••••	(If rural, give I	LOCATION)	***************************************
Now long in hospital or	Institution?		***************************************	************	2.(a) If veteran, name war		
3.(a) FULL NAME ROSALIE HICKMAN PAXSON						3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorce	d —	MEDICAL CE	RTIFICATION	
F	W		W		20. DATE OF DEATH January		3:30P M
6.(6) Name of husband				••••••	21. I CERTIFY that death occurred on the date abov		
7 Pirit data of	•••••	6.(0) If alive, give age	years	and that I last saw h. A. alive on		
deceased (mo., day, y		r 17,	1875			V	
8. AGE: Years	Mooths	Days	If less than one day		Immediate cause of death the	mboris	1 Lecor
69	2	9	hrs,	mln.		T	
9. Birthplace Poin	t of Roc	ks-Fr	ederick-Md		Due to.		
10. Usual occupation	At Home			•••••		•••••	
11. Industry or business					Due 10	***************************************	•
-41	orge H.	Hickm	an		B		* *************************************
			Virginia	*************	Dther conditions	***************************************	
					(Include pregnancy within 3 m	onths of death)	-
14. Malden name	Mer A	1,100	77 •		Major findings of operations		***********************
🗵 15. Birthplace	oudoun C	ounty	virginia				
16. Informant Mrs	. George	J. P	hillips		Autopsy results		
Address Bal	timore,	Marvl	and		PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
Burial (Burial, cromation, or removal, Which?) Burial (month) (day) (year)				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		************	
Cemetery or crematory. Mount Olivet Cemetery							
					Where did injury occur?(City or town)		
Location Frederick, Maryland					Injured at home, farm, industry, public place (who		
1B. Funeral director M. R. Etchison and Son					Means of Injury	tnjured at work?	
Address	Freder	ick,	Maryland		The 2	Linich	M. D.
Address Frederick, Maryland 19. 2 Clicalittly Heale. (Date rec'llpy registrar)					23. SIGNATURE Frederick, Mary		or other 1-27-45

THE POST OF THE PROPERTY OF THE PARTY OF THE

BALLEY TO STANISH THE

FEB 5 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-60

CERTIFICATE OF DEATH

00527

Reg. Diat. No. 144

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Land Medical Confession of the County County of the	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Add the floth water to County Add Add the the
(If outside city or town limits, write RURALI and give nearest town)	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No
	2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME Charles M= Brie	3. (b) Social Security Number
4. Sex 5. Color or race, 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single.	20, DATE DE DEATH Jan 20 1945, 212:30 A M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	Sau 17, 19 45, to Van 20 19 45
8.(c) If alive, give ageyears	and that I last saw h
deceased (mo., day, yr.) dan. 17. 1945	Immediatorpause of death Dynation
8. AGE: Years Months Days If less than one day	Carebral heurshap 3 days
3hrsmin.	
TP. 17.1.10.20	
3. Birthplace. (Town, county, and state)	Due to Dath Culture
1D. Usual occupation	. Contracted below (with
	Joseph Tul Allivery
11. Industry or business	
12. Name Destroy Shall De Da Ja	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name the hald was a said of Problems	Major findings of operations
14. Maiden name Thelasana Aprilles 15. Birthplace Thursman Dad	major natings of operations
31	Autopsy results.
16. Informact Alexandry The Additional Control of the Control of t	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Thursmant, Ord.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Houself authors, or nomination
Cemetery or crematory	Where did injury occur?
Location Addition to the Control of	Injured at home, farm, industry, public place (whore?)
18. Funeral director. B. R. Lillaged I San.	Means of Injury Injured at work?
10. Tuncial uncolor 11.	1/ -44
Address freemant, that	23. SIGNATURE ALLE ATTOM M. D. or other
10 My 20 1945 Anna M. Jones	1/20/45
19. Jake rec'd by registrar) 1945 Uma M. Mala Registrar	Address Date signed Date signed

FEB 6 1945
BURLAT C.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00528

Reg Diet No | 3 |

CERTIFICATE OF DEATH

1. PLACE OF DEA	Frade	rick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)
County			olea	" Brasiland
City ione. Point Of Rocks (If outside city or town limits, write RURAL and give nearest town)				
How long in above place o	of death?	12 year	rs	City - town Doubs (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or s	Potomar	degill occurred	:	Street No
	ro condr	TT AST.	***************************************	(If rural, give LOCATION)
How long in hospital or l			•••••••••••••••••••••••	2.(a) If veteran, name war. None
3. (a) FULL NAME				3. (b) Social Security Number
		ames R	ison	None
4. Sex	5. Color or race	6.(a)Singth	married, widowed, or diversed	MEDICAL CERTIFICATION (?)
l'ale	White	W	idowed	20. DATE OF DEATH. Jan 2 1945 at 10 A M
8.(b) Name of husband or	r wite	Don'	t Know	21. I CERTIFY thet death occurred on the date above stated; that I attended deceased from
		6.(6	e) If elive, give ageye	
7. Birth date of deceased (mo., day, yr.)	?	? 138	1.	and that I last saw h./. The on
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death
64			hrs	in. Development
9. Birthplace	(Tewn,	county, and 1	tnte)	Due to.
1D. Usual occupation	Farmer			
11. Industry or business				Due to
	James K.	Rison		
12. Name	Virginia		***************************************	··· Other conditions
41				(Include pregnancy within 3 months of death)
14. Maiden name		***************************************	rence	Major findings of operations.
14. Maiden name 15. Birthplace	Virginia),		Date of op.
	. Mary F.	Norga	n	Autopsy results.
	derick, 1			PHYSICIAN: Please underline the cause to which death should be charged statistically.
, Purial		Date there	of 3/20/45	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, exemation,			(menth) (day) (year)	Accident, suicide, or homicide. Date of Jan 2 4 45
Cemetery or cremetery	- 'ount	Clivet	Cenetery	Where did injury occurbe a RY. of Rocky mark my (County) (Stage).
Location	Freder	ick, M	d •	Injured of home form Industry nubite place (where?)
18. Funeral director	C.E.C	ine an	d Son	Means of Injury Polome Auga Injured at work? Means of Injury Polome Auga Injured at work? Means of Injury Polome Auga Injured at work? Means of Injury Polome Auga Injured at work?
Address	Freder	ick, M	d •	RINDEPUTY MEDIC. BAER
19. 20 Mar	cl 1945	93	is aluthe 9. Heck	23. SIGNATURE M. D. WICHER 3.20 YG
(Date rec'd by regis	strar)		Registr	ar Address Date signed

HTMAN OUT THINKTIANS STATE GRAFFIAN

DESCRIPTION OF THE PARTY OF THE

RINGER TO B.D.
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

00529

Reg. Dist. No. 144

City or town (If outside city or town limits, write RORAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred.	City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Fannie May Siring	,
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale (W Widowed	20. DATE DF DEATH 19450 2M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that Plast saw how alive on San 26 7 19 4 5
deceased (mo., day, yr.) buly 16 - 1876	
8. AGE: Years Months Days If less than one day	
68 6 11hrsmin.	
B. Birthplace JACONN, county, and state)	Due to
10. Usoal occupation The desectific	
11. Industry or business	Due to
	Other conditions
	(Include pregnuncy within 3 months of death)
14. Maiden name Ellem Omoser Tancery 15. Birthplace Mary land	Major findings of operations.
2 15. Birthplace Mary land	
16. Informant Mrs. Howary Shriner	Antonsy results.
120	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory United Brothers	Where did injury occur?
Location Thushman	Injured at home, farm, Industry, public place (where?)
11 :000:109/8	Means of Injury Injured at work?
18. Funeral director.	. 0
Address Thermont	as CIGNATURE James Varay, ma
19 Jan 29 1945 assist Jones	23. SIGNATURE M. D. or other Address December 1/29/45

FEB 6 1945 BUREAU V.S.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

1957

00530

CERTIFICATE OF DEATH

Reg Diet No. 131

					ACE. Disc. 110	***************************************
1. PLACE OF DEATH: County Frederick			The state of the s	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Frederick			***************************************	(For newborn infants give residence of mother) State. Maryland Frederick		
City or town (If ontside city or town limits, write RURAL and give nearest town)			RURAL and give pearest town)	State Frederick Cour	aty	
How long in above pi	ace of death? Lif	'e		(If outside city or town limits.	write RURAL and give ne	earest town)
Mospital, Institution,	or street address where	death occurre	d:	Street No. 26 Franklin St	creet	
	ick City			(If rural, give	LOCATION)	•••••••
How long in hospital	l or institution?		Hours	2.(a) If veteran, name war	***************************************	
3. (a) FULL NA					3. (b) Social Security	Number
123	DOROTH	Y MAY	SHECKELS		None	
4. Se1	5. Color or race	6.(a)Sing	e, married, widowed, or diverced	MEDICAL CE	RTIFICATION	
F	W	S		20. DATE OF DEATH January		e D
8.(b) Name of husba	nd or wife	••••••	•••••••••••••••••••	21. I CERTIFY that death occurred on the date above		
7. Birth date of	040		c) If alive, give ageyears	5 19.5	10	18. F. w.
deceased (mo., da	y, yr.) Januar	у 25,	1944	and that I last saw halive on		19.2
8. AGE: Ye	ears Months	Days	If less than one day	Immediate cause of death		
1	. 0	0	hrsmin.			11-4
Fr.	ederick-F	reder	ick-Maryland	Due to Dossible anka	- 0	
Frederick-Frederick-Maryland (Town, county, and state)				***************************************		
10. Usual occupatio	Infan	t		Carrie for the and	Lance	***************************************
11. Industry or bush	1888			Due to		***************************************
	obert She	ckels			************************************	
13. Birthplace	Mount Air	v Mar	vland	Other conditions		
Me : TO: OIL III PIECO		-		(Include pregnancy within 8 m	onths of death)	
E 14. Malden nam	ie	Tremb		Major findings of operations		
≥ 15. Birthplace	Frederick	Coun	ty Maryland			
16. Interment	obert She	ckels	ty Maryland	Autopsy results	••••••	
26	Franklin	St.	Frederick, Md.	PHYSICIAN: Please nuderline the cause to whi	ch death should be charged	statistically.
Riinia	1		1/20/45	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
(Burial, cremation, or removal, Whichs) Date thereof 1/29/40 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of	*************
Comptery or crampton Mount Olivet Cemetery			t Cemetery	Where did injury occur?(City or town)	(C-v-4-v)	/54040)
Burial Burial Date thereof 1/29/45			Maryland	Injured at home, farm, industry, public place (wh		(State)
Location 18. Funeral director M. R. Etchison and Son				Means of Injury	Injured at work?	•••••
18. Funeral director				means of righty	Injured at Point	
Address	Frederi	CK, M	aryland	BAR	22200	M D
26 20	MA 114	3	Columb & Hoch	23. SIGNATURE	М. D.	or other
(Date rec'd by	registrar)		Registrar	Address Frederick, Mary	rland Date signed	1-26-45

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RECEIVED

EB 5 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 340

00531

			CER	FIFICA	TE OF DEATH Reg. Diat. No. 13		
1. PLACE OF DEAT	Frad	eri ck			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)		
County Frederick				State Maryland County Frederick			
(If outside city or town limits, write RURAL and give nearest town)				Frederick			
How long in above place of	death?	20 VT	5.	***************************************	City or lease. (If untside city ur town limits, write RURAL and give nearest town)		
Hospital, Institution, or st	South Ma	death occurre	1:		Street No. 38 South Market Street (If rural, give LOCATION)		
	***************************************	***************************************					
How tong in hospital or tr 3. (a) FULL NAME	ISTITUTION F	••••••		***************************************	2.(a) If veteran, name war.		
3. (d) FULL NAME	T	aura	anders Sin	nclair	3. (b) Social Security Number		
4. Sex	5. Color or race		e, married, widowed, or		MEDICAL CERTIFICATION		
Female	White	W	idowed				
			^		20. DATE DF DEATH January 5th. 19 15, 21 9 P.		
6.(b) Name of husband or		51 n	clair		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
T. Birth date of	••••••	6.(e) If alive, give age	years	and that t last saw h. P. L. Vive on 19.		
deceased (mo., day, yr.)	Feb	ruary	8-1872				
8. AGE: Years	Months	Days	It tess than one da	зу	Immediate cause of death DURATION		
72	10	28	hrs.	min.	Chovar occhesing the		
9. Birthpiece. Frederick County Maryland (Town, county, and state)				i	Due to.		
	Potinod						
1D. Veuat occupation	162 011 537	110430	MITTO	***************************************	Due to		
11. Industry or business	05.2 - 3 7 0	. 1					
12. Name		• • • • • • • • • • • • • • • • • • • •	•••••••		Other conditions		
	Woodsbo				(Include pregnancy within 3 mouths of death)		
H 14. Malden name	Mary Ca	therin	e Hardman				
14. Malden name 15. Birthplace	Frederi	ck Cou	nty Maryla	and	Majur findings of operations.		
	arles And				Autoney results.		
10. 1110111101111	ederick.		***************************************	***************************************	PHYSICIAN: Please underline the cause tu which death shunid be charged statistically.		
			T	-01-	22. VIOLENCE: If death was due to externat causes, filt in the following;		
11 Burial (Burial, eremation, er	removal Watch	Date there	of January (month) (de	av) (vear)	Accident, suicide, or homicide		
Cemetery or eremetery	Tions 1 II	ope Ce	metery	.,,	Where did injury occur?		
1	Woodsho				(City or town) (County) (State)		
Location	C E Cli						
19. Funeral director		**************			Dymas Wed E.		
Address	Frederi	ck, Md	Λ 1	181	Means of injury topured at work? Proceeding Williams M. D. Company M. D. Comp		
10 9 - Jan	18 45	13	sabelle y. +	tecle.			
(Date rec'd by regist	trar)		.)	Registrar	Address to advice c'el. Date signed / - 8 . 4 5		

VS A15

STATE OF TAXABLE VALUE OF TAXABLE

PERSONAL PLANTAGE

FEB 5 1945 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-a

CERTIFICATE OF DEATH

00532

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
24 4	State Man land County Carroll	
(If outside city or town limits, write RURAL and give nearest town)	/ nev o'	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No.	
Fraderick Cly Hospital	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Clezabeth Cem Druis	th 2	
4. Sex 5. Color or race 6.(a) Slogle, married, widewed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH Jan 25 19 45 81 1 P M	
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	
B.(b) Name of husband or wife	21. I Gentle's that death-occurred on the date spore states; that attended deceased from 2.5. 19.45.	
7. Birth date of		
deceased (mo., day, yr.) DEC 16 1938	and that I last saw be a alive on 19.	
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION	
6 / 9hrsmin.	Come Amocordili	
3. Birthplace Fredwick City Hosp. Fredwick Med	. Cat Washing To Sale.	
(Town, county, and state)	Due to Clerte Magnalon Fulle.	
10. Usual occupation Name	B. d.	
tt. Industry or business	Due to	
# 12 Name Care to Smith	Other conditions	
13. Birthplace Maryland		
M B N - Le A	(Include pregnancy within 3 months of death)	
14. Malden name J. Table Ducate	Major findings of eperatians.	
15. Birthplace Marylous	Date of op.	
t8. Informant Carl W. Suite	Autopsy results	
Address Mix Cum Mid	PHYSICIAN: Please underline the cause te which death should be charged statistically.	
B. 1 128/45	22. VIOLENCE: If death was due to externat causes, fill in the following;	
(Burial, cremation, or femoral, Which 2) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or exemptory Time Traves Cemetery	Where did injury occur?	
Location not air mod	Injured at home, farm, industry, public place (where?)	
Ro 113 de aco	Means of Injury Injured at work?	
t8. Funerat director	and ()	
Address Haylousville Hid	20 SIGNATURE CITY/1/ Jan Toole	
25 to Suy 5 Elich to by Heck	23. SIGNATURE M. D. profiler	
(Dato rec'd by registrar)	Address Date signed 1/25/45	

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BUREAU V.S.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00533

1. PLACE OF DEATH: County. Frederick City or town. Rocky Ridge-Rural (If outside city or town limits, write EURAL and give nearest town) How long in above place of deafth? 50 yrs. Hospifal, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME George Smith.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town Rocky Ridge - Rural (If outside city or town limits, write RURAL and give nearest town) Streef No
A. Sex S. Color or race S.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH January 22 1945 at 5:10P.
6.(b) Name of husband or wife	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from 19. 45. to
8. AGE: Years Mooths Days If less than one day 8. IO 8	Immediate cause of death DURATION Z WKs.
9. Birthplace Hanover, Penna. (Town, county, and state) 10. Usual occupation Retired 11. Industry or business Farmer 12. Name George Snith.	Due to. Differ conditions
13. Birthplace Germany. 14. Malden name. Elizabeth Warick. 15. Birthplace Hanover, Pa. 18. Informant. Mrs. Maurice Eby. Address Rocky Ridge, Md.	(Include pregnancy within 8 months of death) Major findings of operations
Address 17. Burial Burial Bafe thereof Jan. 25, 1945 (Burlal, cremation, or removal. Which?) (month) (day) (year) Cemefery or crematory Rocky Ridge - Mt Tabor. Location Rocky Ridge, Md. 18. Superal director M. L. Creager & Jon.	22. VIOLENCE: If deafh was due to exfernal causes, fill in the following; Accident, suicide, or homicide
Address Thurmont, Md. 19. January Jones Date rec'd by registrar) 19. Date rec'd by registrar)	23. SIGNATURE January Gray M. D. or other Address Bafe signed Run In 5. 45

FEB 6 1945 BUREAU V.S.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

00534

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Frederi ale	State Maryland County Montgomery	
(If outside city or town limits, write RURAL and give nearest town)	Nonnortio Princi	
How long in above place of death? 6 days	Monrovia - Rural (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Near Monrovia	
Frederick City Hospital	(If rural, give LOCATION)	
How tong in hospital or institution? 6 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Omith Ms. Wall	2 AUGUSTUS 577-03-6880	
4. Sex 5. Color or racs 6.(a) Shigle, married, wildowed, or divorced	MEDICAL CERTIFICATION	
M W M	20. DATE DE DEATH 25 . 3 / 19.43 at 9 / M	
6.(b) Name of hysternd or wife Mattie Smith	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from	
	19 4 J - 10 Jan 19 4 J	
7. Birth date of deceased (mo., day, yr.) June 11, 1886	and that t last saw h alive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
58 7 20hrsmin	Gent Ceronery Terrofine Iday	
9. Siribplace Wentworth, N. C.	Due to.	
(Town, county, and state)		
10. Usual occupation Wholesale Tobacco Saleman	Due to Day pertures	
11. Industry or business		
12. Name Richard Smith 13. Birtholace North Carolina	Bther conditions Analysis Cont Character	
	(Include pregnancy within 8 months of death)	
14. Malden name Rebecca Vaughn 15. Birthplace North Carolina	Major findings of operations.	
Mrs. Walter A. Smith	Date of op.	
ID. INIUFINANT	Antopsy results	
Address Monrovia, Md. Rural		
Burial (Burial, crossection, or removal, Which!) (Burial, crossection, or removal, Which!)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or comments Bethesda Cemetery	Where did injury occur?	
Location Browningsville, Maryland	tnjured at home, farm, industry, public place (where?)	
18. Funeral director M. R. Etchison and Son	Means of injury injured at work?	
Address Frederick, Maryland	a. a.t. Our h. 2.	
101- Feb 10 45 - Elizabeth & Heck	23. SIGNATURE M. 19. or other	
(Date rec'd by registrar) Registra	Address Date signed / 3/1/45	

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FEB 5 1945
BUREAU V.S.

DESCRIPTION OF THE PARTY.

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

99-D

00535

1145

no

138

CERTIFICATE OF DEATH

CDRITTCA	Reg. Diat. No.
1. PLACE OF DEATH: county: Free Classes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside eity or town limits, write RURAL and give nearest town)	State County Transparent
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME wine e w. Smith	3. (b) Social Security Number
Male white widowed, or divorced wale white	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife alla McCarchey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.)	and that I last saw h and alive on 15 19 4 5
8. AGE: Years Months Days If less than one day 78 // 25	Immediate cause of death DURATION Lysses Seal Negamenton
9. Sirthplace (Town, county, and state)	Due to.
10. Usual occupation Tarma (Celine of)	Due to
12. Name Marking len Suit 13. Birthpiace Frederick Can Incl	Other conditions Charlesystella
H 14 Milder some Verlie Ogle	(Include pregnancy within 8 months of death)
15. Birthplace Freduit Rea md	Major findings of operations. Date of op.
18. informant alyse Address I family and March	Autopsy results
(Burial, dephation, or removal, Which?) Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Mr. Class	Where did injury occur?
Location Frederick Mcd	Injured at home, farm, industry, public place (where?)
18. Funeral director. Harry C. Coaly Co	Means of injury Injured at work?
Address Treckery, Mg.	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Gentle State Con 17



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00536

M. D. on other

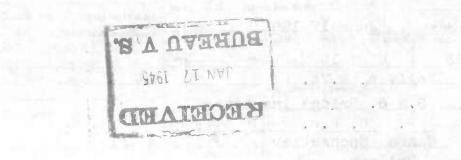
CERTIFICAT	E OF DEATH Reg. Diat. No. 141
I. PLACE OF DEATH: Sounty Frederick City or town Brunswick (If outside city or town limits, write RURAL and give nearest town) low long in above place of death? lospital, institution, or street address where death occurred: Schnauffers Hospital Brunswick, Md. low long in hospital or institution? 15 Minutes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State West, Va. County Jefferson City or town Bolivar W. Va. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
John Olivar Sponseller Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	3. (b) Social Security Number 705-07-1013 MEDICAL CERTIFICATION 20. DATE DF DEATH. Jan 5 19. 45 24:15 1
(b) Name of husband or wife Mary Kathryn Sponseller (c) Name of husband or wife Mary Kathryn Sponseller (c) Name of husband or wife Mary Kathryn Sponseller (c) Name of husband or wife Mary Kathryn Sponseller (c) Name of husband or wife Mary Kathryn Sponseller (c) Name of husband or wife Mary Kathryn Sponseller (d) Name of husband or wife Mary Kathryn Sponseller (d) Name of husband or wife Mary Kathryn Sponseller (e) Name of husband or wife Mary Kathryn Sponseller (d) Name of husband or wife Mary Kathryn Sponseller (e) Name of husband or wife Mary Kathryn Sponseller (e) Name of husband or wife Mary Name of Control of Sponseller (e) Name of husband or wife Mary Name of Control of Sponseller (f) Name of husband or wife Mary Name of Control of Sponseller (f) Name of husband or wife Mary Name of Control of Sponseller (f) Name of husband or wife Mary Name of Control of Sponseller (f) Name of husband or wife Mary Name of Control of Sponseller (f) Name of husband or wife Mary Name of Control of Name of Control of Name of Control of Name	21. LCERTIFY that death occurred on the date above stated: that attended deceased from 21. LCERTIFY that death occurred on the date above stated: that attended deceased from 19. 21. LCERTIFY that death occurred on the date above stated: that attended deceased from 19. 21. LCERTIFY that death occurred on the date above stated: that attended deceased from 19. 21. LCERTIFY that death occurred on the date above stated: that attended deceased from 19. 22. LOERTIFY that death occurred on the date above stated: that attended deceased from 19. 21. LCERTIFY that death occurred on the date above stated: that attended deceased from 19. 22. LOERTIFY that death occurred on the date above stated: that attended deceased from 19. 23. LOERTIFY that death occurred on the date above stated: that attended deceased from 19. 21. LOERTIFY that death occurred on the date above stated: that attended deceased from 19. 22. LOERTIFY that death occurred on the date above stated: that attended deceased from 19. 24. LOERTIFY that death occurred that attended deceased from 19. 25. LOERTIFY that death occurred that attended deceased from 19. 26. LOERTIFY that death occurred that attended deceased from 19. 27. LOERTIFY that death occurred that attended deceased from 19. 28. LOERTIFY that death occurred that attended deceased from 19. 29. LOERTIFY that death occurred that attended deceased from 19. 20. LOERTIFY that death occurred that attended deceased from 19. 20. LOERTIFY that attended deceased from 20. LOERTIFY that death occurred that attended that att
6. Informant Mrs John Sponseller Address Bolivar w.Va. Burial Bate thereof Jan 7 1945 (month) (day) (year) Cemetery or crematory Luthorn Cemetery Location Bolivar w.Va. Address Bolivar W.Va. Bolivar W.Va.	Antopsy results. PHYSICIAN: Please underline the caese to which death shoeld be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

Registrar

VS A15

PLEASE WRITE

(Date rec'd by registrar)



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-0

CERTIFICATE OF DEATH

00537

Reg. Diat. No. 144

1. PLACE OF DEATH: County Frederick City or town. Rocky Ridge (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? 50 years. Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	State ROCKY Ridge City or town Rocky Ridge (If outside city or town limits, write RURAL and give nearest town) Streel No.		
Charles Albert Staub.	none		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married.	20. DATE OF DEATH January 29, I945 al 2 P: M		
75 years 7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 77 8 2 hrs. min. 9. Birthplace Rocky Ridge, Frederick Co., Md (Town. county, and state) 10. Usual occupation. Laborer 11. industry or business 12. Name. John Staub. 13. Birthplace Rocky Ridge, Md.	Due to. Other coeditions		
14. Maiden aemeEathering mathema 15. Informant Mrs. Charles Staub 16. Informant Mrs. Charles Staub Address Rocky Ridge, Md. 17. Burial Bate thereof Feb. I, 1945 (Barial, cremation, or removal, Which?) Cemetery or crematory Mt Tabor Cemetery. Location Rocky Ridge; Md. 18. Funerat director M. L. Creager & Soh Address Thurnont, Md. 19. James 31, 1945 Ames M. Jones Recidence	(Include pregnancy within 8 months of death) Major findings of operations. Bate of op. Antopsy results. PHYSICIAN: Please naderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, illi in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, 12rm, ladustry, public place (where?) Means of injury injured at work?		

FEB 6 1945
BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information eavefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86-02)

CERTIFICATE OF DEATH

00538

	PLACE OF DEATH: Frederick CFor newborn infants g				DECEASED:
GOURTY					Frederick .
City or to (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)		
How long in above p	How long in above place of death? 30 years t			City or the Frederick (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution,	or street address where	death occurred	1:	Street No. 112 W. South Street	
tş	442 W. So	uth St.) 	(If mount original O	CATIONIA
How long in hospita	or Institution?			2.(a) If veteran, name war	ar l
3. (a) FULL NA					3. (b) Social Security Number
			WIS WALTERS		219-12-1668
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CER	TIFICATION
Male	White	Si	ngle	29. DATE OF DEATH January 4th.	19 45 et 8:30A. M
6.(b) Name of husba	nd or wife	******************		21. I CERTIFY that death occurred on the date above s	stated; that I attended deceased from
			c) If alive, give ageyear	10	
7. Birth date of				and that I last saw M.C	
deceased (mo., da		h 26-18		Immediate cause of death	DURATION
0	ars Months	Days	If less than one day	Any dural hem	whose 6 days
	2 9	19	hrs min		
9. Birthplace	Frederick	County	Maryland	Due to	
	(Town	county, and	tate)	tall on ic	e
1D. Usual occupatio	Painter	*************	••••••••••••••••••	. Due to	
11. Industry or busin	ess				
質 12. Name	Charles E.	Walter	S	Other conditions	***************************************
12. Name			, West Virginia		
	Fllon	Hartso		(Include pregnancy within 8 mon	ths of death)
14. Malden nam	C	*******************	(\dag{\alpha} \alpha	Major findings of operations	
		nna.		_	
16. Informant	charles E.	Walters		Autopsy results	
Address	12 W. Sout	h StW	rederick. Md.	PHYSICIAN: Please underline the cause to which	death should be charged statistically.
Buria				22. VIOLENCE: If death was due to external causes,	fill in the following:
(Rurial company		Date there	of Jan. 7-1945 (month) (day) (year)	Accident, suicide, or homicide	pate of Dec 27 45
Remeters or annual	Oak Hi	11 Ceme	terv	Where did injury occur?	of families no
Cemetery or erealer, Oak Hill Cemetery				(City or town)	(County) (State)
Locetion near Woodsboro, Md.				Where did injury occur?	?)
18. Funeral director	C.E.Cl			Means of Injury Forel on Cu	Injured et work?
Address	Freder	ick, Md		W.W-1	Sare
1-1-	=	60	· 1.00 A 11 . 0.	23. SIGNATURE	M. Dor other
19. Date reck by	registrar)	- 60	Registrar	Address Aug Redy	free Data signed

THE TAXABLE THE THE PROPERTY OF TAXABLE

STARGERY SOF DEATH



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00539

ng. Dist. No.	12	1
ag. Dist. No	3	1

1. PLACE OF DEAT	H: rederick	5		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
3	Frederick			State Maryland County Frederick	
(If outsi	or terms: (If outside city or town limits, write RURAL and give nearest town) long in above place of death? Lifetime			City or town Prederick (If outside city or town limits	
	ove place of death?		(If outside city or town limits	write RURAL and give nearest town)	
129 Sou	th Marke	t Stre	et	Sireet No. 129 South Mar	ket Street
How long in hospital or ins				(If rural, give	
3. (a) FULL NAME				2.(a) If veteran, name war	
		KATE W			3. (b) Social Security Number
4. Ssx Female 5.	Color or race White		s, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
remare	MIII 06	31	ngle	20. DATE OF DEATH January 18	. LE . 72 LEa.
8.(5) Name of husband or w	iie Nor	ie		21. I CERTIFY that death occurred on the date about	
***************************************		6.(c) If alive, give ageyears	19	10
7. 8irth date of deceased (mo., day, yr.)	Nav 7	. 1864	, , and Sue agelegis	and that I last saw h. C. A	Jan 18 19 X 5
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	
30	8	11	hrs. min.	Cocony oc	clum June
Fred	erick. F	rederi		14000 18000	and the same of th
9. Birthplace	(Town,	connty, and a	ck Co., Maryland	Due to	
1D. Usuel occupation	Retired	House	keeper		
11. Industry or business	None			Due to	
置 12. Name	Horatia	Water	5	Other conditions	
12. Name	Frederi	ck. Ma			
H 14. Maiden name				(Include pregnancy within 3 m	
15. 8irthplace	Elkton,	Marvl	and		•••••
16. Informant			aters	A	
Address	Frederi			Antopsy results	
				22. VIOLENCE: If death was due to external caus	es, fill in the following;
17 Birial (Burial, cremetion, or r			Jan 20, 1915. (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or erematery	Mt. Oli	vet Ce	metery	Where did injury occur?(City or town)	(Country) /54-1-3
Location	Frederi	ck, Ma	ryland		ere?)
18. Funeral director	C. E. C	line &	Son	Means of Injury	Injured at work?
Address	Frederi			23. SIGNATURE Pursan	my hid Ex
- 0221				23. SIGNATURE	M. D
19. 18 Jan	19. H.S.		lizabeth & Hech	Freeno	M. D. or other

RECEIVED FEB 5 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

1111541 Reg. Dist. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederich	mil
Cliy or to (If outside city or town limits, write RURAL and give nearest town)	08
How long in above place of death? 2 - Days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 10 South Delaware ave
Frederick W Jail	(lf rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME Vernon Educa We	3. (b) Social Security Number
7000	705-10-4191
4. Sex 5. Color of race 6.(a) Single, married, widewed, to divorced	MEDICAL CERTIFICATION
make make manual	20. DATE DF DEATH JON 18 19 45 at 5 A M
- 4 Idie Lever Cample 10	21. I CERTIFY that de in occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of	and that I last saw h / 17 ave on face 18 19 15
deceased (mo., day, souly 14 1889	Immediate cause of death
8. AGE: Yell's Months Days If less than one day	Cerebral hemorphy / hr.
7min.	
9. Birthplace Mary Saul	Due to Kepperlenais a lings
D. D. D. D. D. Lancas	
1D. Usuai occupation	Due to
11. Industry or business Jaunghallions	
12. Name John Webber 13. Birthplace Virginia	Diher conditions
Z 13. Birthplace Virginia	(Include pregnancy within 3 months of death)
H 14. Maiden name Sarah Adams	
14. Maiden name Analy Manue	Major findings of operations.
10000 4 .0 5 .0 .11 .0.00	Date of op.
16. Informant	Autopsy results
Address Sittlesmik 1000.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, crematica or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Colon of Careland	
Cemetery or cremetury	Where did injury occur?
Location	Injured-at home, farm, Industry, public place (where?)
18. Funeral director Character 2727 Cong	Means of Injury injured at work?
Address Manney which mod	PW B. A. ER
Sp. Collaboration of the Colla	23. SIGNATURE M. D. or other
19. Us abilla J. Hella (Date ret's by registrar) Registrar	Address Freduct 14 Bate stoned 1:18 .45





VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

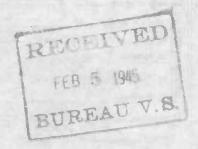
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Reg.	Diat.	No	

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Md County Frederich
(If outside city or town limits, write RURAL and give nearest town)	I desired
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 140 to South St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margaret Par Ecker 21/6	te me.
4, Sex 5. Color or pace 6.(a) Slaglo, married, widowed, or divorced	MEDICAL CERTIFICATION
7 21 21:1-	1- 11 1
21 9 412 +	2D. DATE OF DEATH 18.45, 21 /O P. M
8.(6) Namo of husband or wife to the See Allies	21. I CENTIFY that death occurred on the date above stated; that Tattended deceased from
7. Birth date of deceased (mo., day, yr.) Luly 12 / 8 8 4	and that I last saw h.P
8. AGE: Years Months Days If less than one day	Immediate cause of death
60 5 29nrs. min.	Coconary ochiera / kg
P DD P Nel	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. House wife	
11. Industry or business Own Rouse	Due to
12. Name Paril 6. Ecker 13. Birthplace MJ.	Dther conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name of hypotethe elect.	Major fiudings of operations.
15. Sirthplace 246	Date of op.
18. informant Mrs. Dorothy Easton	Autopsy respits.
476 Patrick St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Frederick, myd.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which)	Accident, suicide, or homicide
Cemetery or prematury. Union Chase	Where did injury occur? (City or town) (County) (State)
wear 2. L. T. T. 2.1	
Location Description	Injured at home, farm, Industry, public place (where?)
18. Funeral director Towell Y Hartyler	Means of Injury Injured at work?
Address Woodsboron Hell	Read MEDIC BAER
CD: 1 An D. 11 A	23. SIGNATURE. M. D. or other
18. 13 Jan 1945 Chabelle I Heck.	
(Date rec'd by registrar) Registrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BIE CERTIFICATE OF DEATH

3 / Reg. Dist. No.

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cupor town Tef	ferson	mite write P	URAL and give nearest town)	State Maryland County Frederick		
How long in above place Hospital, institution, or	of death?			Jefferson (If outside city or town limits.	, write RURAL and give ne	arest town)
nospital, institution, or	Street andress where	death occurred	i	Street No. (If rural, give		
How long in hospital or	Institution?		***************************************	2.(a) If veleran, name war none		
3. (a) FULL NAM	E				3. (b) Social Security	Number
			e Moore Wise		none	
4. Sex	5. Color or race	6.(a)Single	e, married, widewed, or divorced	MEDICAL CE	ERTIFICATION	
female	white		single	20. DATE DF DEATH January 2	9th., 1945	at 8.05Pm
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above	re stated; that I attended dece	eased from
			r) If alive, give ageyear	195 J	1-3 10 are 2	19.78
7. Sirth date of deceased (mo., day, y	, Jan. 1	5th.,	1867	and that I last saw hall alive on		
8. AGE: Years		Days	If less than one day	Immediate cause of death	w	71/2 6
78	0	14	hrs,min	1.		
9. Sirthplace Jef	ferson,	Freder	rick, Maryland	Due to My scarditi		540
10. Usual occupation				decempossals	2-9'	2 200
11. Industry or business		***************************************	•••••••••••••••••••••••••••••••	Due to Cusaraly disea		640
12. Name Hen		se,		Dther conditions Charac H	effectes	1040
			DW.	(Include pregnancy within 8 m	onths of death)	
14. Malden name A 15. Birthplace 18. Informant M.T.	efferson	· PM Sharri	2.yy. 9	Major findings of operations.		********************************
El 15. Birthplace	TI	87 755 2		_	Date of op	
16. Informant T	erson, M	d.	30,	PHYSICIAN: Please underline the cause to whi	ich death should be charged	statisticaDy.
17 Buria	or removal. Which?	Date fhere	of Feb. 1, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
Cemetery or cramate	St. Pau	ls Lut	theran Cemeter			
Location Je:	fferson,	Md.		. Injured at home, farm, Industry, public place (wh	ere?)	
18. Funeral director	M. R. E	tchisc	n & Son,	Means of Injury	Injured at work?	
	erick, M			Co F	7000	
19. 31- ta	19 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	93	jabeth & Heck	23. SIGNATURE Jefferson, Md.	· ·	or other Jan. 30,4

HUMAN TO TEMPORATE STATE OFFICE STATE

FEB 5 1945 BURBAU V.S. 1. PLACE OF DEATH:

How long in above place of death?....

How long in hospital or institution?. 3. (a) FULL NAME

Hospital, Institution, or gireet address where death occurred

5. Color or race

Months

(if outside city or town limits, write RURAL and give nearest town)

Days

(Town, county, and state)

5

If less than one day

(month) (day) (year)

County.....

4. Sex

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthpiace.

10. Usual occupation 11. Industry or business

13. Birthplace

Address

18. Funeral director Address

(Date rec)i by registrar)

14. Maiden nam 15. Birtholace

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

00543

Reg.	Diat.	No	1	3	4
ECEASE	D:		-	/	

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
State Mot Coun	y Tracler	A.
Giffor town. Mess Manha. (If ontside city or town limits,	write RURAL and give ne	earest town)
Street No(If rural, give I		
2.(a) If veteran, name war	JOCATION,	
	3. (b) Social Security	N-1
	none	Number
MEDICAL CE	RTIFICATION	
1/902	72	- 1.30 P
20. DATE OF DEATH.	19.4.5	Tank I - at I
21. I CERTIFY that death occurred on the date abov	11 10	
1 10	14 to face	1945
and that I last saw h	k.	19.45
Immediate cause of death	ally Carde	DURATION
Caroue.		a sudi
Due to.	en war	
Rualdist	an_	
Due to		

Other conditions	***************************************	
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		
	Date of op	
Antopsy results		l statistically.
22. VtOLENCE: If death was due to external caus	es, fill in the following:	
Accident, sulcide, or homicide	Date of	
Where did injury occur?(City or town)	(Connty)	(State)
Injured at home, farm, Industry, public place (wh	ere?)	
Means of Injury	Injured et work?	
a course	Couley	_
23. SIGNATURE	M. D.	or other
Address The Util	Date signed	118-43

The correct age UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legist. Supply especially important. WITH PLAINLY S PLEASE WRITE

MARGIN RESERVED FOR BINDING

the follower RECEIVED FEB 5 1045 BUREAU V.S.